SOUTH CAROLINA
Department
OF
Disabilities
AND
Special Needs

ANNUAL ACCOUNTABILITY REPORT

Fiscal Year 2008-09

Accountability Report Transmittal Form

Agency Name – S.C. Department of Disabilities and Special Needs

Date of Submission – September 15, 2009

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South Carolina Department of Disabilities and Special Needs
2008-2009 Accountability Report

Section I – Executive Summary

Purpose, Mission, Vision and Values

The South Carolina Department of Disabilities and Special Needs (DDSN), as stated in Section 44-20-240 of the South Carolina Code of Laws, has authority over all the state's services and programs for South Carolinians with severe lifelong disabilities, including mental retardation and related disabilities, autism, traumatic brain injury, and spinal cord injury and similar disabilities. Primary responsibilities include planning, development and provision of a full range of services for children and adults, ensuring that all services and supports provided meet or exceed acceptable standards, and improve the quality of services and efficiency of operations. The department advocates for people with severe lifelong disabilities both as a group and as individuals, coordinates services with other agencies and promotes and implements prevention activities to reduce the occurrence of both primary and secondary disabilities.

VISION - WHERE WE ARE GOING!

To provide the very best services to assist persons with disabilities
and their families in South Carolina.

MISSION - WHAT WE DO!

Assist people with disabilities and their families
through choice in meeting needs, pursuing possibilities and achieving life goals;
and minimize the occurrence and reduce the severity of disabilities through prevention.

VALUES - OUR GUIDING BELIEFS!

Health, safety and well-being of each person
Dignity and respect for each person
Individual and family participation, choice, control and responsibility
Relationships with family, friends and community connections
Personal growth and accomplishments

PRINCIPLES - FEATURES OF SERVICES AND SUPPORTS!

Person-Centered
Responsive, efficient and accountable
Practical, positive and appropriate
Strengths-based, results-oriented
Opportunities to be productive and maximize potential
Best and promising practices

Adopted 11/20/2003

Major Achievements for Fiscal Year 2008-2009

Meeting Service Needs: DDSN currently serves approximately 30,500 persons with mental retardation and related disabilities, autism, head injury and spinal cord injury. Approximately 83 percent of these individuals live at home with their families, which compares to only 61 percent nationally. The remaining 17 percent of individuals have the most severe disabilities and complex needs that cannot be

met at home and require 24-hour care provided in community residential settings or in one of five state-operated regional centers. (See Figure 7.1-1 and Figure 7.2-1, also Figure 7.2-5 and Figure 7.5-2)

Due to the state's budget situation, the number of individuals on waiting lists continues to grow larger and the length of time on the list continues to increase. The increasing age of the caregivers is a larger problem as well. (See Figure 7.1-8 and Figure 7.2-3) As of June 30, 2009, there were 1,647 individuals living with a caregiver age 65 or over; more than 800 of these caregivers were 72 years old or older. Additionally more individuals with severe disabilities are being cared for by siblings, grandparents or people other than their parents. When these fragile family arrangements fall apart, DDSN must respond to the health and safety risk**s** of the individual with the disability who cannot care for him/herself. The criteria DDSN has to use to determine a critical situation is much tougher than in the past due to severely limited resources, which means more people who really need more services must wait, and families are increasingly frustrated. The number of consumers on the Critical Needs Waiting List on July 1, 2009, was 16 percent higher than July 1, 2008. (See Figure 7.1-7)

DDSN was appropriated $9.7 million of new funds in fiscal year 2009 in three important areas to: (1) maintain necessary day supports for over 2,100 individuals due to federal changes in rulemaking concerning Medicaid reimbursements, (2) maintain and expand services for children with a diagnosis of Pervasive Developmental Disorder and (3) expand in-home community supports to prevent unnecessary and expensive out-of-home placements. These new service dollars were instrumental in aiding the agency's ability to respond to critical needs and maintain essential services while managing deep budget cuts.

***Managing Budget Reductions*:** DDSN, like all state agencies, experienced unprecedented budget reductions in fiscal year 2009. Ultimately, $38 million in state funds were cut from the agency's base budget, which in turn negatively impacted $35.7 million of the corresponding Medicaid funding. In addition, these annual reductions had to be implemented and made permanent over seven or fewer months as at least five months or more of the year had already been expensed.

DDSN's reduction plan followed Commission policy that prioritizes services based on need. Individuals who were at the greatest risk with the most complex needs were the top priority of the agency for continued service funding. Individuals with lesser needs and who may also have had other supports available were given lower priority in terms of funding for services. Some consumers and families lost services, and some employees both at DDSN and in provider organizations lost jobs. However, these actions were necessary due to the magnitude of the dollars no longer available and the very short time period allowed in permanently reducing costs.

The agency first reduced 3.7 percent in operating and contractual expenses and 2.2 percent in personnel expenses excluding direct care positions. Planned service expansion to new consumers was frozen and then unfunded and individuals were not allowed to move off waiting lists. Non-recurring funding for services available for fiscal year 2008-2009 was substituted for the recurring base reduced to maintain critical respite and stipend supports. These actions significantly reduced the negative impact on consumers and families currently receiving those services during the year.

Service coordination workloads were increased and service vacancies were unfunded. Provider rates were reduced in residential and day program areas without reducing the number of consumers served. New initiatives to maximize Medicaid and stretch state funding were started to allow all consumers who were receiving day and employment services to continue to receive services. This effort involved shifting consumers receiving state funded center-based services to similar Medicaid reimbursable services and converting state funded supported employment services into new Medicaid approved supports. This was accomplished in partnership with service providers and by DDSN's development and CMS' approval of a new Medicaid waiver.

**New Federal Mandates and Approval of a New Medicaid Waiver****:** During fiscal year 2007-2008 DDSN was notified of a major change to Medicaid requirements, which would directly affect over 2,100 DDSN service consumers and $17 million of service funds. The agency developed and implemented plans very quickly to adapt to the new Medicaid requirements. The change directly affected the day supports of over 2,100 individuals currently being served as the new federal changes in rulemaking regarding this service option meant Medicaid would no longer pay for this service, and without the Medicaid funding, services could not be maintained. DDSN coordinated with DHHS, the state's Medicaid authority, to develop a new Medicaid community service option waiver for DHHS and CMS approval that would allow the agency to continue the day supports for these consumers. This was complex as the new waiver had to be developed to meet the needs of a broader group of consumers, which in turn impacted both other support services and increased eligibility of existing consumers for additional services. Further, a new budget request for over $2 million in new state funds had to be approved by the General Assembly and the Governor to maintain existing services and prevent the need for $12 million new state funds to continue the existing service with 100% state funds. This was achieved in the budget process and the new waiver application was submitted to the federal government in fall 2008. Statewide training began in spring 2009, and CMS approved the new Medicaid waiver effective July 1, 2009. The outcomes resulting from this complicated effort are a minimal amount of new state funding required, the continuation of essential services and enhanced day service options for consumers.

**Improved Quality and Accountability****:** A new joint effort between DHEC and DDSN resulted in successfully transferring DDSN's licensing function to DHEC, the state's public health agency. A recent Legislative Audit Council (LAC) report of DDSN found that DDSN licensing standards were comparable to DHEC licensing standards but recommended that state law be amended to delegate DDSN's licensing function to DHEC. In response DDSN implemented a two part plan. The first part was to initiate the legislative route and the second was to develop an RFP to manage the shift contractually should passage of the legislation not be completed in one year. Legislation was introduced and passed by the Senate. DDSN staff developed an RFP and then worked cooperatively with DHEC staff to determine the scope of work and specifications necessary to carry out a Licensing Process. The result is DDSN's licensing function was transferred to DHEC via contract effective August 3, 2009. DDSN FTEs and operating resources associated with licensing were successfully transferred to DHEC.

DDSN receives and utilizes approximately $300 million in federal Medicaid funding to provide services. Compliance with Medicaid standards is essential, and recent federal reviews have been favorable and a new Medicaid waiver was approved. Federal officials noted the progress made and were impressed with the agency's efforts to strengthen opportunities for consumer choice, the system for tracking critical incidents, and DDSN's initiative to outsource a major portion of quality assurance. DDSN completed its eighth year of its independent quality assurance initiative through a bid contract to a nationally recognized vendor. This method is more objective, efficient, provides better data to further improve services and processes, and gives the department more ways to compare South Carolina with national data and to trend and evaluate provider progress over time. (See Figure 7.2-6 and 7.5-3)

Key Strategic Goals

1. Broaden the range and improve the quality of supports and services responsive to the needs of individuals with disabilities and their families.
   a. Expand the scope of services and supports to address the needs of eligible persons in crisis situations and on waiting lists. (See Figure 7.1-7)
   b. Promote and encourage choice of service providers and allow consumers to select services they need from qualified providers they prefer within individually assessed resource limits.
   c. Provide information on service resources, requirements and options to individuals and families.

d. Increase the proportion of community integrated options for persons in regional centers and in the community pursuant to the Olmstead U.S. Supreme Court decision.

e. Maximize federal and state resources by using more efficient service models. (See Figure 7.3-3, also Figure 7.3-5)

f. Coordinate and partner with other agencies in areas of mutual interest to maximize resources and to avoid duplication. (See Figure 7.2-7)

2. Maintain accountability to all citizens of South Carolina by strengthening quality of services.

a. Continue implementation of a performance measurement system linked to customer satisfaction and achievement of consumer's outcomes.

b. Continue to track and analyze performance data and trends in support of quality improvement initiatives.

c. Enhance quality assurance and quality improvement initiatives and maintain compliance with federal standards.

d. Minimize the occurrence and reduce the severity of disabilities through primary and secondary prevention initiatives.

Key Strategic Challenges

Mission:	● Meet increased levels of service demand ● Expand and broaden resources
Operational:	● Implement Medicaid changes in ways that minimize negative impact to services and costs ● Manage critical cases and reduce waiting lists ● Improve quality
Human Resources:	● Key workforce capacity and retention ● Maintain workforce job-satisfaction in a recessed economy ● Meeting the increased levels of service demands identified without compromising quality of care, while meeting budget limitations ● Administrative workforce development in light of technological and procedural changes (i.e. SCEIS implementation)
Financial:	● Maximize Medicaid ● Manage budget reductions and one-time appropriations for recurring services ● Increase resources to meet increased service needs
Community-related:	● Meet increased consumer demands ● Meet taxpayer expectations ● Increase levels of acceptance and inclusion of people with disabilities

Use of Accountability Report to Improve Organizational Performance

The annual accountability report reflects the agency's primary mission, its major initiatives to carry out that mission and its performance on the implementation of its responsibilities. It is an excellent report card that is useful as both an informational and educational tool available to everyone including the taxpayers, policy makers, service consumers, advocates, and staff. Throughout the year a variety of approaches are utilized to measure agency operations, processes and systems. Data is collected uniformly across the state and analyzed in a variety of ways. Preparation of the accountability report nicely coincides with preparation of a semiannual work session, fiscal year and reviews and national data collection. Comparative data used to prepare *Category 7 – Results* offers the agency the opportunity to ensure that its strategic goals and allocation of resources are aligned appropriately and to compare effectiveness over time. It demonstrates the systematic comparison of DDSN's practices, outcomes and efficiencies to national benchmarks.

Section II – Organizational Profile

❖ **Main Products**

DDSN and its statewide network of local providers began implementing a new service-delivery approach statewide in July 1998. This approach, called Person-Centered Services, gives South Carolinians with disabilities and their families more choice and control of the services and supports they receive from DDSN. Person-centered services provide tools and processes for achieving the results individuals and families desire. Consumers set goals and develop a plan that identifies the services and supports they need, and who will provide these services. Consumers and others evaluate the plan and the services and supports delivered, in terms of actual results produced in the person's life and how satisfied he or she is with the supports provided. The department structures services so that the greatest number of people possible can be served and, at the same time, insure that out-of-home care is available for those individuals with the most critical needs.

❖ **Main Services**

In-home Individual and Family Support Services: It is rare that a better, more desirable service costs less, but that is the case with in-home family support. Preventing unnecessary and costly out-of-home placements for individuals with severe lifelong disabilities is the main objective of the in-home individual and family support program. In-home services provide the supports necessary to enable the consumer to continue living at home. In-home supports include day services, supported employment, early intervention, respite, stipends, rehabilitation support services and behavior support services.

Employment Services: DDSN provides employment services to train and supervise individuals in the skills and knowledge required for different levels of employment. Some individuals receive individualized supported employment at their own worksite, while others are provided group employment in enclaves at various business and factory worksites.

Community Residential Services: Small, family-like community residential services provide 24-hour care, yet cost less than the cost of state operated regional center placements. (See Figure 7.1-4 and 7.2-2, also Figure 7.3-4)

Regional Centers: Regional Centers serve persons with the most complex needs. The centers are the most expensive residential alternative due to the level of care and supervision needed.

Prevention Services: The emphasis is on preventing disabilities, when possible. DDSN has initiated many prevention programs through contractual and other partnerships in order to prevent the occurrence of lifelong disabilities.

❖ **Primary Service Delivery Methods and Systems**

DDSN provides services to the majority of eligible individuals in their home communities, through contracts with local service-provider agencies. Most of these agencies are called Disabilities and Special Needs (DSN) Boards, serve every county in South Carolina and are the local, single point of entry into the State's organized disability service delivery system. Local DSN Boards are created by state statute and county ordinance. While they are not local state agencies with state employees, they are public entities, governmental bodies in nature and combine the best aspects of public and private organizations. DSN Boards provide a consistent level of services statewide; yet encourage local initiative, volunteerism and pride in service delivery. Local flavor and community preferences are present, yet services are provided at a consistent level of quality statewide.

SC Department of Disabilities and Special Needs
DDSN Service Delivery

DISTRICT I

DISTRICT II

★ DDSN Regional Center
◆ Day Services
● Community Residential Services
⟷ Multi-County Boards
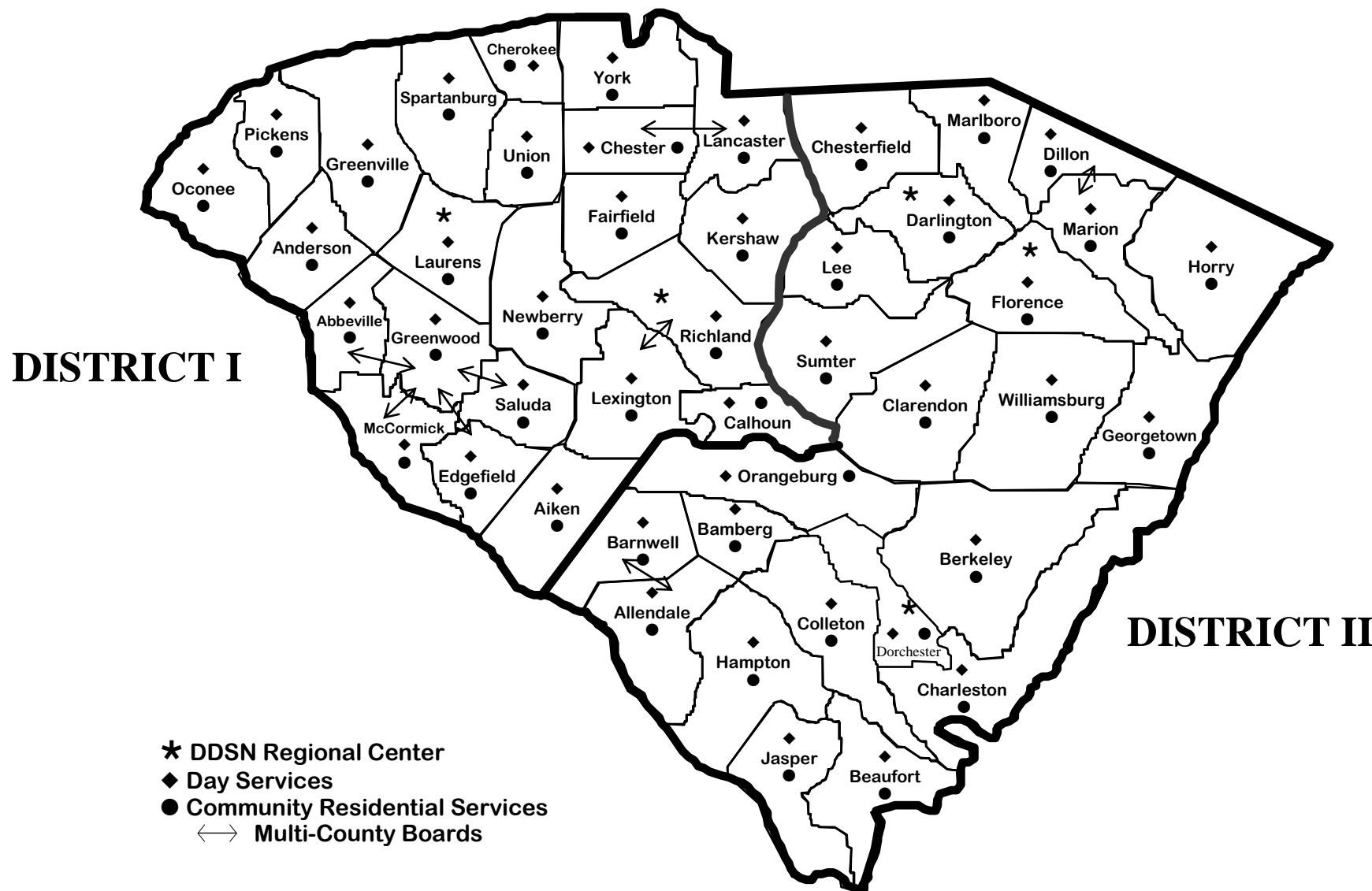
❖ **Key Customer Segments and Key Requirements/Expectations**

DDSN's key customers are the individuals with disabilities and their families who receive services or who are eligible and waiting for services. DDSN serves approximately 30,500 persons with mental retardation and related disabilities, autism, head injury or spinal cord injury. These disabling conditions are severe, life-long and chronic. (See Figure 7.1-1 and Figure 7.2-1, also Figure 7.2-5 and Figure 7.5-2)

❖ **Key Stakeholders**

DDSN's stakeholders include South Carolina citizens, community service provider organizations, the Governor's office, members of the General Assemble, families of the customers DDSN serves, advocates and advocacy organizations such as Family Connections, the ARC of the Midlands and South Carolina Spinal Cord Injury Peer Network.

❖ **Key Suppliers and Partners**

DDSN contracts with local provider organizations to provide services. The fluid working relationship between DDSN and the executive directors of these local service agencies, their board members and staff is very important to ensuring the continuous availability of high quality services. Disability advocates and their organizations are integral in promoting consumer-focused services and providing valuable feedback on effectiveness, issues and concerns. The Governor, his staff, members of the General Assembly and their staff are all very important partners in the system of services as they guide policy, appropriate funds and connect individual constituents to available services. DDSN partners with other state agencies to maximize services to its customers and ensure health and safety.

❖ **Operating Locations**

DDSN's operation locations cover all 46 counties of the State and include central administration located in Columbia; regional centers located in Columbia, Clinton, Ladson, Florence and Hartsville; district offices located in Clinton and Ladson; 39 Local DSN Boards, with some serving multiple counties.

❖ **DDSN Employees**
- 2,130 Classified/Unclassified Employees located throughout South Carolina
- 196 Temporary Employees utilized periodically during the year to cover existing vacancies and long-term absences due to illnesses, but not to supplement the work force on a permanent basis
- 7,817 Contract Employees (DDSN contracts with a statewide provider network to administer services to DDSN eligible individuals.)

❖ **Regulatory Environment**

The South Carolina Department of Disabilities and Special Needs (DDSN), as stated in Section 44-20-240 of the South Carolina Code of Laws, has authority over all the state's services and programs for South Carolinians with severe lifelong disabilities, including mental retardation and related disabilities, autism, traumatic brain injury, and spinal cord injury and similar disabilities. Various federal, state and local entities help regulate DDSN's operations.

❖ **Performance Improvement Systems**

DDSN undertakes specific measures to assure consumer health and safety, and to increase the quality of services and supports offered by its system of service providers through a variety of different methods. (See Figure 7.2-6 and Figure 7.5-3)

Risk Management – Risk management activities and programs strive to prevent negative occurrences in the lives of consumers. DDSN conducts many risk management activities using several different sources and measures. This is called purposeful redundancy which is used to assess from multiple angles the status of the health and welfare of the people DDSN supports.

Quality Assurance – Quality Improvement Activities – Once appropriate risk management activities are in place, then a strong quality assurance and quality improvement program (QA/QI) must rest on

a foundation of health, safety, and financial integrity. QA/QI activities such as: licensing, contractual compliance, personal outcome measures, consumer/family satisfaction measures, quality management, and other quality enhancement activities.

❖ **Agency Organizational Structure**

The South Carolina Department of Disabilities and Special Needs (DDSN) is the state agency that plans, develops, coordinates and funds services for South Carolinians with severe life-long disabilities including:

- Mental retardation and related disabilities
- Autism
- Traumatic brain injury and spinal cord injury and similar disabilities

DDSN is governed by a seven-member commission appointed by the Governor with the advice and consent of the Senate. A commission member is appointed from each of the state's six Congressional districts, and one member is appointed from the state-at-large. The commission is the agency's governing body and provides general policy direction and guidance. The State Director is the agency's chief executive and has jurisdiction over the central administrative office located in Columbia, SC, five regional centers and all services provided through contracts with local agencies.

DDSN provides 24-hour residential care for individuals with more complex, severe disabilities in regional centers, located in Columbia, Florence, Clinton, Ladson, and Hartsville. DDSN directly oversees the operations of these facilities, each of which is managed by a facility administrator.

DDSN provides services to the majority of eligible individuals in their home communities, through contracts with local service-provider agencies. Most of these agencies are called DSN Boards, serve every county in South Carolina and are the local, single point of entry into the State's organized disability service delivery system. Local DSN Boards are created by state statute and county ordinance. While they are not local state agencies with state employees, they are public entities, governmental bodies in nature and combine the best aspects of public and private organizations. DSN Boards provide a consistent level of services statewide; yet encourage local initiative, volunteerism and pride in service delivery. Local flavor and community preferences are present, yet services are provided at a consistent level of quality statewide.

SC Department of Disabilities and Special Needs
Agency Organizational Chart
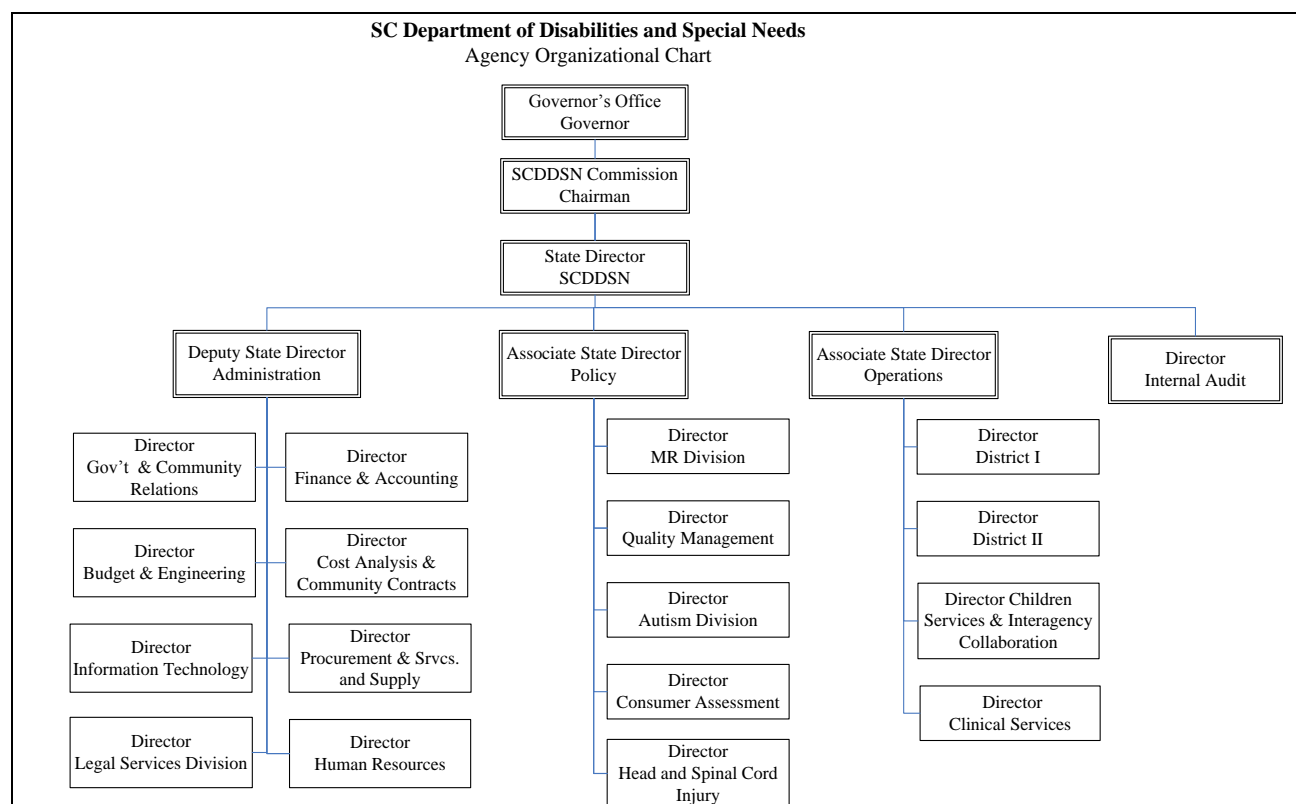
Accountability Report Appropriations/Expenditures Chart

Base Budget Expenditures and Appropriations

Major Budget Categories	FY 07-08 Actual Expenditures		FY 08-09 Actual Expenditures		FY 09-10 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	$65,584,079	$50,728,064	$64,802,104	$48,398,904	$65,003,317	$47,455,808
Other Operating	$377,907,426	$120,831,536	$407,021,972	$83,678,603	$452,013,154	$93,827,027
Special Items	$4,326,000	$4,200,000	$126,000		$126,000	
Permanent Improvements	$2,967,491		$3,164,815			
Case Services	$15,463,627	$6,306,091	$16,285,444	$4,419,946	$17,341,366	$4,566,291
Distributions to Subdivisions						
Fringe Benefits	$24,514,120	$18,350,806	$25,588,191	$19,047,271	$25,764,013	$18,756,021
Non-recurring						
Total	$490,762,743	$200,416,497	$516,988,527*	$155,544,724	$577,483,341	$164,605,147

Other Expenditures

Sources of Funds	FY 07-08 Actual Expenditures	FY 08-09 Actual Expenditures
Supplemental Bills		
Capital Reserve Funds	$2,927,632	$3,184,491
Bonds		

*Fiscal Year 2008-2009 expenditures include $31,508,296 not expended for services but transferred to the State Treasurer in accordance with Proviso 90.13, Part 1B, of the FY 2009-210 Appropriation Act.

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Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 07-08 Budget Expenditures		FY 08-09 Budget Expenditures		Key Cross References for Financial Results*
II.E Mental Retardation Community Residential	Residential care provided to consumers in the least restricted environment based on needs of the consumer. This residential care consists of 24 hour care with range of care based on medical and behavioral needs of consumers.	State:	69,244,016.00	State:	52,503,192.00	7.1-1,7.2-1; 7.1-4-,7.2-2; 7.3-5
		Federal:	90,718.00	Federal:	8,022.00	
		Other:	137,465,210.00	Other:	184,007,425.00	
		Total:	206,799,944.00	Total:	236,518,639.00	
		% of Total Budget:	43%	% of Total Budget:	46%	
II.H. Regional Centers	Regional residential centers provide 24 hour care and treatment to individuals with mental retardation or autism with more complex, severe disabilities.	State:	56,314,773.00	State:	53,404,135.00	7.1-4, 7.2-2; 7.3-5
		Federal:	114,602.00	Federal:	131,276.00	
		Other:	37,513,293.00	Other:	36,919,962.00	
		Total:	93,942,668.00	Total:	90,455,373.00	
		% of Total Budget:	19%	% of Total Budget:	18%	
II.B3 - Mental Retardation Family Support Adult Development and Supported Employment	Service consists of center based workshop providing training and skill development in a workshop environment and on the job training in a normal work place. Participants are paid wages based on their ability to produce.	State:	13,918,176.00	State:	6,171.957.00	7.1-9
		Federal:	0.00	Federal:	0.00	
		Other:	39,920,767.00	Other:	47,290,403.00	
		Total:	53,838,943.00	Total:	53,462,360.00	
		% of Total Budget:	11%	% of Total Budget:	10%	
II.B2 - Mental Retardation Family Support In-Home Family Support	Family support services prevent the breakup of families; prevent the development of crisis situations and the resulting expensive out-of-home placement for individuals with severe life-long disabilities.	State:	27,384,796.00	State:	20,664,751.00	7.2-5, 7.5-2
		Federal:	4,205.00	Federal:	0.00	
		Other:	8,075,407.00	Other:	10,852,198.00	
		Total:	35,464,408.00	Total:	31,516,949.00	
		% of Total Budget:	7%	% of Total Budget:	6%	

Below: List any programs not included above and show the remainder of expenditures by source of funds.
Program I; Program II. Subprograms A; B1; C; D; F and G.

Remainder of Expenditures:	State:	33,554,737.00	State:	22,800,689.00
	Federal:	191,396.00	Federal:	263,731.00
	Other:	64,003,157.00	Other:	78,805,971.00
	Total:	97,749,290.00	Total:	101,870,391.00
	% of Total Budget:	20%	% of Total Budget:	20%

* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

Category 1: Leadership

1.1-2 Senior Leadership Communication and Focus on Customers: South Carolina has been a national leader in developing and implementing a statewide service model that relies on consumer choice and consumer satisfaction based on a person-centered needs assessment and personal outcomes review system. Senior leaders actively promote open communication throughout the organization. Cross-functional committees are utilized to communicate organizational directives, priorities and values and to develop agency plans and strategies. These committees consist of staff with programmatic skills as well as staff that are skilled in fiscal matters. This cross-functional staffing provides for a thorough understanding of performance expectations and review of all issues involved in establishing or changing agency-wide policies. Extra effort is made in developing and improving consumer and family education.

The agency head/executive team maintains open lines of communications with many different stakeholder groups to be aware of concerns and areas of needed improvement. The State Director and his executive staff meet regularly with consumers, various grassroots parent/advocacy groups - each with their own special interest, the leadership of provider organizations, and leaders from other state agencies. Discussions occur in both small and large groups, often in geographical "clusters". Personal involvement with each of the aforementioned groups allows for continuous and open exchange to identify and address necessary issues. The department relies heavily on its consumers, service providers, parents and advocates for providing feedback on how well the services provided are meeting the needs of each consumer. Senior leadership is available to parents, individuals with disabilities, advocates, Board members, providers, elected officials-all the stakeholders – to listen to their needs and wants, concerns, and feelings about how the agency is responding and performing.

The agency's executive leadership team is made up of individuals who have many years of experience in their respective fields of expertise. Top managers in the areas of fiscal and administration work together as do the managers of the various disability divisions and community services to set goals and accomplish objectives that improve the lives of DDSN's consumers. Policy and day-to-day operation managers coordinate regularly. Short term and long term goals are set to provide direction for the agency. Technical training, one-on-one communication, and workgroups are used to disseminate the goals and directions to agency staff. The department utilizes staff development opportunities to stress team-building concepts and to train employees and service provider employees. Each member of the executive team takes a "hands on" approach to leadership. The department intentionally has minimal layers of middle management so senior leaders are aware of needs as they arise and are able to quickly develop solutions. Executive staff members remain involved until goals are met and issues are resolved. Direction and performance expectations are communicated in a variety of ways. Senior leaders work together as a team to communicate to agency staff at all levels areas of need/improvement, new direction of emphasis and performance expectations. Willing to make the tough decisions, the State Director led his staff through the necessary process of taking unpopular but prudent actions to manage unprecedented, significant state budget cuts. Administrative reductions continued while protecting the essential functions of direct care and nursing. Over the past several years the agency implemented four workforce reductions and three Voluntary Separation Programs, an initiative that has now become a model for State Government. (See Figure 7.1-11 and Figure7.3-2)

Cross-functional committees and stakeholder workgroups are utilized. Consumer groups/advocacy organizations and provider leadership are kept informed through regular meetings. Special conferences or trainings are sponsored to focus on specific areas of emphasis.

1.3 Impact on the Public: The State Director and his executive staff meet directly with the Governor's office and members of the General Assembly and their staff to discuss the potential

impact of the department's programs, services, facilities and operations and the associated risks of each. These meetings and shared perspectives guide our focus and improve responsiveness to consumers of services and taxpaying citizens alike. Senior leaders maintain a good reputation and are known to work with legislators to prevent problems, provide information and find solutions. Legislators find the staff accessible and approach him directly to discuss an issue or seek assistance. Elected officials express a high degree of confidence in the agency's leadership and management.

The office of community education monitors and responds to public inquiries and keeps the media and general public informed about the agency's mission, needs of consumers and direct impact of change in public policies. Examples of this are HIPAA, the Atkins Supreme Court decision, state budget reductions, waiting lists and the benefits of hiring people with disabilities. The organization addresses the current and potential impact including the associated risks by meeting its strategic goals and objectives.

1.4 **Maintaining Fiscal, Legal, and Regulatory Accountability:** DDSN uses a contracting mechanism to ensure fiscal, legal and regulatory accountability. For all program areas, providers agree to follow policy and standards established by DDSN, other state agencies, and the federal government, where appropriate. In some cases this oversight extends to actual licensing of programs. For other programs licensed by other state agencies, DDSN provides day-to-day oversight. Providers have external audits; DDSN reviews these and other financial records and initiates audits as appropriate, in both fiscal and program areas. Quality assurance practices monitor and ensure quality of services and strict compliance with standards. If DDSN determines that a provider cannot maintain the requirements under contract, it can seek another provider or take over operations itself.

1.5 **Key Performance Measures:** Assessment of functions is ongoing to ensure resources are directed to priority areas. This assessment along with a required review of non-direct care position vacancies guides how DDSN organizes, targets funds and evaluates performance. DDSN's reorganization streamlined processes, centralized certain functions and improved utilization of administrative staff. (See Figure 7.2-9) Critical placements, residential waiting lists, day service waiting lists, waiver service waiting lists, service vacancies, expenditures, utilization of Medicaid funds, critical incidents and the agency's direct care staff-to-consumer ratio are key performance measures that are reviewed regularly. (See Figure 7.3-3, also Figure 7.1-7, also Figure 7.1-9) Leadership actively promotes the health, safety and well being of the consumers DDSN serves, as well as the dignity and respect for these individuals and their families. (See Figure 7.1-3a, also Figure 7.1-3b)

1.6 **Organizational Performance Review/Feedback:** All levels of the organization contribute to decision making processes and setting performance goals. Employees are empowered with the knowledge that their input and role in the whole process is necessary to fulfill the agency's mission. Agency leaders consistently encourage open communication with employees and have an "open door" style, hold open staff meetings, and provide access to the agency's extranet.

Executive team members lead internal agency committees which make decisions and provide oversight. These committees cover areas of service development, organizational and system responsiveness and funding. Committees meet regularly to identify and address areas of need, potential barriers and opportunities. Employee feedback and participation are relied upon to determine the effectiveness of leadership throughout the organization.

DDSN's governing body, the Commission on Disabilities and Special Needs, takes direction from the Governor and provides policy leadership to the organization. This includes clarifying results expected and setting and evaluating performance criteria. Input received from stakeholders aids in the development and application of policy. The State Director implements policy through a comprehensive plan to develop and provide specialized services through a statewide system.

The department's leadership and contacts at the national level keep the state connected with the broader picture of services provided to people with disabilities and special needs. Senior leaders have served in national capacities and been requested at national and regional meetings, all of which communicate the fact that South Carolina is a leader among its sister states.

1.7 Succession Planning and Development of Future Leaders: Succession planning is a key management tool utilized throughout all levels of the agency. The agency identifies employees nearing retirement and those whose skills are specialized or unique to the job function. For each employee identified, the functions and skills that are needed are determined and other employees in the agency who already possess these skills or who have the capability to learn the functions and skills are identified. A mentoring system is established to begin the employee's learning of the new skills and functions. Mentoring and coaching is provided to all new supervisors at all levels. Best practices also are routinely shared. Employees are provided opportunities for training and professional development. Work schedules are altered to allow employees to complete secondary education programs. Tuition assistance is also available for employees in specialized fields.

1.8 Fostering Performance Improvement: Key priorities are communicated in a variety of ways. The planning process used to carry out the agency's mission is a continuous process. It is primarily concerned with developing organizational objectives, forecasting the environment in which objectives are to be accomplished and determining the approach in which they are to be accomplished. To be successful, planning requires an analysis of data from the past, decisions in the present, and an evaluation of the future.

The State Director and his executive staff meet directly with the Governor's Office staff, members of the General Assembly and their staffs to keep them informed. The agency's executive leadership works together as a team to communicate and disseminate the objectives and directions to agency staff. DDSN has assisted disability and special needs boards in developing strategic quality enhancement plans using the organization performance review system. This approach is being used statewide to train local boards on how to develop strategic organizational goals in order to improve their performance.

1.9 Fostering Organizational and Workforce Learning: Agency leadership is active in professional organizations at the state, regional and national levels. Up-to-date knowledge of state-of-the-art practices, trends and approaches used by other states is shared throughout all levels of the organization and is used to enhance and improve South Carolina's system. Information is incorporated into training opportunities for front-line staff and managers alike.

1.10 Workforce Motivation and Recognition: DSN's executive leadership team recognizes that well-motivated employees are the key to success. Formal methods of empowering the workforce include hiring a diverse workforce and establishment of formal job career paths. Tuition reimbursement, telecommuting, and flexible work schedules are available for certain positions. Individual growth of employees is encouraged and opportunities for promotion of internal staff for advancement occur frequently. DDSN's employee recognition programs promote individual employee performance recognition. Each Regional Employee of the Year and the DDSN Employee of the Year is recognized at the central office by the DSN Commission and State Director. Similar programs are utilized by DDSN's statewide network of local service providers. Employee Appreciation Month is observed and social gatherings are held regularly. Individual interviews and informal conversations provide feedback to managers, improve working relationships, and foster teamwork.

1.11 Supporting and Strengthening the Community: DDSN is actively involved in community outreach. Agency leaders encourage staff participation in community events and set the example by their own community involvement. Senior leadership as well as other DDSN staff is actively involved in civic organizations, professional organizations, and community and statewide charities. Staff members at all levels participate in and promote various community efforts

including the United Way, Community Health Charities of South Carolina, Red Cross blood drive, Special Olympics, and walks for breast cancer, MS and other causes. Board members, Executive Directors and staff of local DSN Boards are also very active in their local communities and participate in civic and community organizations and activities. Staff are active members of local Chambers of Commerce, county First Steps organizations, Rotary, Civitan, and other civic groups. Certain business functions have been privatized, increasing public/private partnerships and efficiencies. Local service delivery provides jobs in many small, rural, and poor areas. DDSN's statewide Disabilities Awareness Campaign promotes the abilities and contributions of individuals with disabilities in communities all over the state. A high level of importance is placed on community involvement for all DDSN employees through planned on-site activities and off-site participation during business hours. Individual community and professional involvement is encouraged and recognized.

Category 2: Strategic Planning

2.1   Strategic Planning Process: The department's strategic planning sets the overall direction for the development of programs through a multi-year period for persons with autism, mental retardation and related disabilities, brain injuries, and spinal cord injuries in South Carolina. Planning is guided by direction from the Governor and the General Assembly, and by our customer's needs and preferences and how they want to be served. It also reflects the department's responsiveness to national trends, to advocates who promote state-of-the-art services and to citizens who require sound stewardship of their tax dollars. This provides a framework to guide agency policy and actions in terms of how to organize, fund and evaluate outcomes of services.

Input from DDSN's regional centers and the local DSN Boards is integral to the process. Monthly meetings are held with key regional center staff to remain abreast of activities and needs at each center. These meetings provide input into various resource needs such as staffing, operating budget, permanent improvement needs and quality of consumer care. The local DSN Boards provide input to DDSN through several functional committees. These committees are made up of leadership from the DSN Boards, as well as key DDSN staff. The committees provide input and direction on numerous items ranging from contractual compliance to quality of services. Each Center and Board conducts a facility assessment which outlines renovations, construction, or change in use of specific buildings in order to provide adequate and appropriate facilities to meet individual needs in a high quality setting. To determine services needed over a multi-year period, a review is done of current programs and services, the number of individuals served, underserved and unserved, and the new resources needed to meet the need.

The strategic planning process includes a multi-year analysis of operating budget needs and permanent improvement needs. These multi-year analyses encompass historical trends, regional center evaluations, key regional staff input, local community provider and consumer input. Once the analysis is refined the department prepares its annual budget request for the Governor and General Assembly that includes both recurring and non-recurring items. Capital needs are stated in the Comprehensive Permanent Improvement Plan (CPIP), which is submitted to the Joint Bond Review Committee and the Budget and Control Board.

Cross-functional committees which include stakeholders are utilized in the development of agency-wide plans and strategies. When changes are being proposed which impact the way services are provided or funded, taskforces are utilized to ensure that all levels of the organization are represented. A broad range of individuals serve on these taskforces in order to obtain a full understanding of the issues involved.

As directed over many years by Governors' administrations and the General Assembly, DDSN has pursued an aggressive effort to have as many of the agency's services as possible covered by the federal government through Medicaid. DDSN has aggressively used Medicaid waivers to develop a flexible system of in-home supports and to expand their availability. South Carolina was the first state to be approved for a head and spinal cord injury Medicaid waiver. This has meant a reduced

cost to the State to provide services to persons with lifelong disabilities. DDSN continues to maximize Medicaid revenue even as state appropriated funds. (See Figure 7.3-3)

DDSN works with consumers and their families to provide residential services in the most appropriate place and in the least restrictive environment. This philosophy of consumer choice also allows DDSN to provide residential services in a very cost efficient manner. (See Figure 7.3-4)

The planning process used to carry out the agency's mission is a continuous process. It is primarily concerned with developing organizational objectives, forecasting the environment in which objectives are to be accomplished and determining the approach in which they are to be accomplished. To be successful, planning requires an analysis of data from the past, decisions in the present, and an evaluation of the future.

2.2 **Key Strategic Objectives and Challenges:** The strategic objectives have a direct relationship to the strategic challenges. They are reflective of national trends and best practices and are responsive to consumer needs and preferences. Values guide the development and provision of services and a person-centered approach which offers consumer/family participation and choice improves the range and quality of services. Quality assurance and risk management activities, outcomes and consumer satisfaction are part of a multifaceted coordinated quality enhancement process that is purposefully redundant. This allows comparison with national data and aide the agency in measuring and improving accountability.

2.3 **Developing and Tracking Action Plans:** Customer satisfaction is a priority in DDSN's approach to planning and service delivery. All service providers throughout the state perform customer satisfaction assessments. The principle of continuous quality improvement guides DDSN in determining whether services and service providers are meeting consumer expectations. The policies, processes and procedures used by service providers are reviewed. Services are observed while being provided. Some consumers and family members receive a survey by mail to learn how satisfied they are with the services received. Other consumers and family members participate in face-to-face interviews. The primary measure of quality is how the person with the disability and the family view the responsiveness of the services. This information is used along with regularly reviewed key performance measures to develop action plans, track progress, and adjust plans as necessary to achieve goals.

DDSN undertakes specific measures to assure consumer health and safety, and to increase the quality of services and supports offered by its system of service providers: (a) traditional activities; (b) consumer–oriented activities; (c) quality assurance activities including – licensing, contractual compliance, personal outcomes measures, consumer satisfaction measures, policies, and internal audits.

DDSN utilizes a customer driven approach. Needs, both met and unmet, are identified. System changes are planned to increase consumer and family satisfaction and increase service provider productivity and efficiency. Increases in efficiencies are redeployed to address unmet service needs. This approach increases accountability to the citizens of South Carolina.
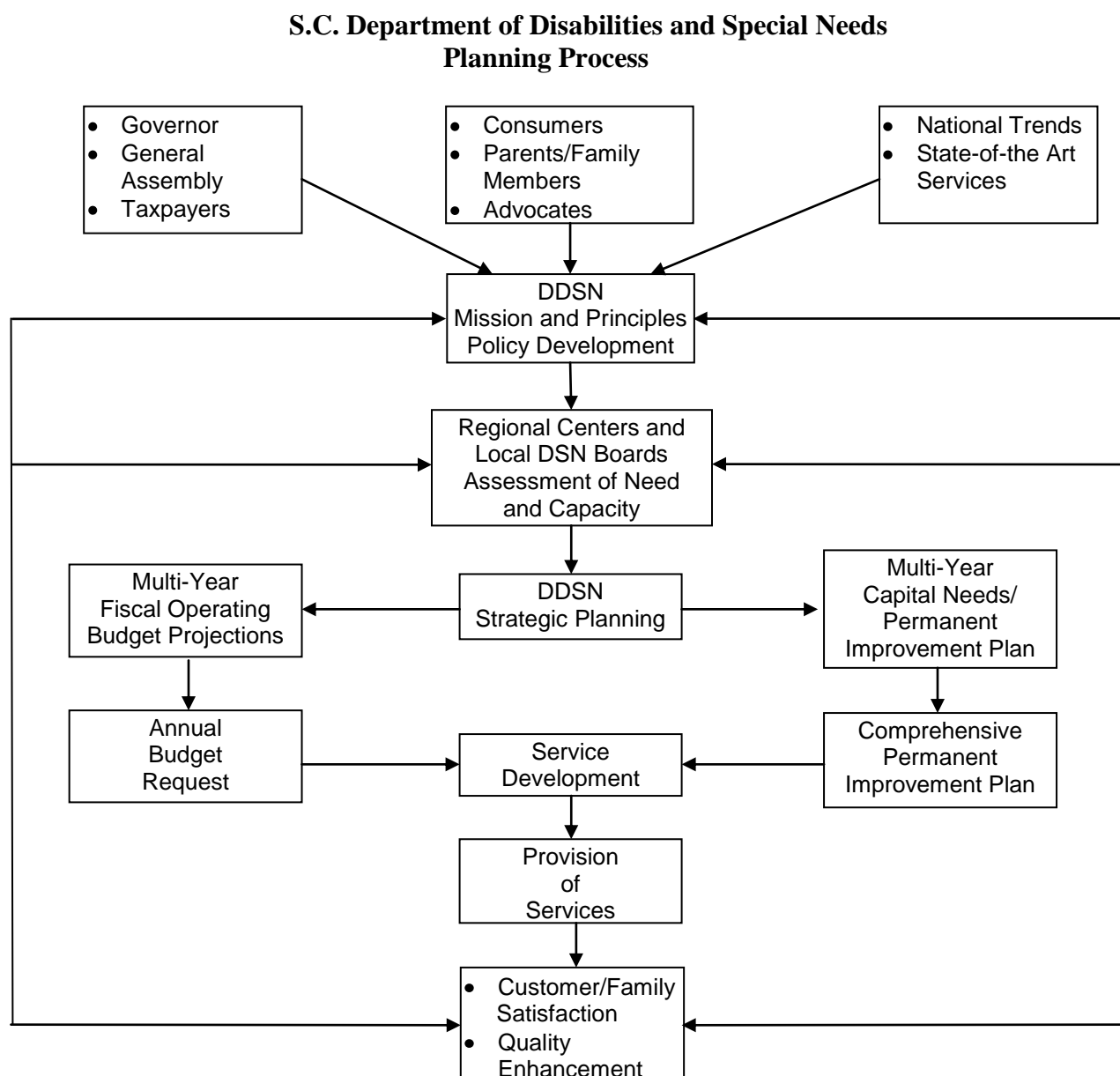
2.4 **Communication and Deployment:** Strategic objectives, action plans and related performance measures are communicated in a variety of ways. The State Director and his executive staff meet directly with the Governor's Office, members of the General Assembly and their staffs to keep them informed. The agency's executive leadership works together as a team to communicate and disseminate the objectives and directives to agency staff. Cross-functional committees and stakeholder workgroups are utilized. Consumer groups/advocacy organizations and provider leadership are kept informed through regular meetings and ongoing communication.

2.5 **Measured Progress on Action Plans:** Progress on action plans is measured in several ways. Data is collected throughout the year to determine numbers of individuals served, what services they receive, and number of new persons requesting eligibility. Annually consumers and their

families are surveyed either by mail or through face-to-face interviews to determine personal outcomes, and data is also routinely collected and analyzed to identify individuals in critical circumstances and those who wish to choose different services or different service providers. Trend data is regularly presented, action plans are reviewed and strategic effort is clarified. Resources are constantly monitored to ensure that resources are targeted to priority areas, that revenues and efficiencies are maximized and adequate funds are available to carry out the agency's mission.

2.6 **Evaluation of Strategic Planning Process:** Monitoring and improving the process is ongoing. Data and trends are regularly tracked to determine where the agency is positioned, what remediation needs to occur and whether the action led to improvement. All this funnels into next step planning. The agency utilized objective independent surveys, focus groups, and face-to-face interviews along with public forums to gather customer perspectives. This information is synthesized with service demand. A comparison is made to the current menu of services and how those are delivered to plan and adjust future service spans.

2.7 **DDSN Strategic Plan:** **http://ddsn.sc.gov/aboutddsn/ourmission.htm**

S.C. Department of Disabilities and Special Needs
Planning Process

Strategic Planning

Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 08-09 Key Agency Action Plan/Initiative(s)	Key Cross References for Performance Measures*
All Programs	Broaden the range and improve the quality of supports and services responsive to the needs of individuals with disabilities and their families.	➤ Design a new span of approaches to address the needs of eligible persons in crisis situations and on waiting lists. **Continuous.** ➤ Promote and encourage choice of service providers and allow consumers to select services they need from qualified providers they prefer within individually assessed resource limits. **Continuous.** ➤ Provide information on service resources, requirements and options to individuals and families. **Continuous.** ➤ Increase the proportion of community integrated options for persons in regional centers and in the community pursuant to the Olmstead U. S. Supreme Court Decision. **Continuous.** ➤ Maximize federal and state resources by using more efficient service models. **Continuous.** ➤ Coordinate and partner with other agencies in areas of mutual interest to avoid duplication and share resources as appropriate. **Continuous.**	7.1-2, 7.1-3, 7.1 -4, 7.1-5, 7.1-6, 7.2-1, 7.2-2, 7.2-4, 7.2.8, 7.3-1, 7.3-2, 7.3-3, 7.3-4, 7.5-1, 7.5-3, 7.6-1
All Programs	Maintain accountability to all citizens of South Carolina by strengthening quality of services.	➤ Continue implementation of a performance measurement system linked to customer satisfaction and achievement of consumer's outcomes. **Ongoing.** ➤ Continue to track and analyze performance data and trends in support of quality improvement initiatives. **Ongoing.** ➤ Enhance quality assurance and quality improvement initiatives and maintain compliance with federal standards. **Ongoing.** ➤ Minimize the occurrence and reduce the severity of disabilities through primary and secondary prevention initiatives. **Ongoing.**	7.1-1, 7.2-7, 7.4-1, 7.4-2, 7.4-4, 7.4-5,

* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

Category 3: Customer Focus

3.1 Key Customers and Requirements: DDSN uses a variety of methods and approaches to identify its customers. The first source comes from the SC Code of Laws which identifies DDSN's primary customers as people with the lifelong disabilities of mental retardation, related conditions, autism, traumatic brain injury, spinal cord injury and similar conditions. DDSN has a strong referral system from hospitals, doctors, school personnel, families, elected public officials, advocacy organizations, the Governor's office, community service organizations, other state agencies, through DDSN's website and external links to this website. Potential customers are screened using standardized questions and those meeting criteria are taken through the eligibility process. Finally, because the department receives state and federal funds to provide services, payers and taxpayers are considered customers.

DDSN routinely seeks input from primary customers and their families through formal and informal means using quantitative and qualitative approaches. Examples include the use of national standardized surveys, focus groups, in-state standardized surveys, educational seminars, public forums, committees and other meetings, and tracking and comparing data over time.

3.2 Keeping Current with Changing Customer/Business Needs and Expectations: The department is governed by a seven (7) member commission as set forth in the Code of Laws, whose duties include educating the public as well as state and local officials as to the need for funding, development and coordination for services. DDSN continuously learns about customers' needs, preferences, and priorities. The long term care field is constantly changing. Many approaches are used to keep current with such changes and expectations of DDSN customers.

First, over 10 percent of primary customers and their families are surveyed each year using a nationally recognized tool that is used by over 25 states allowing for national comparisons. This data is tracked over time permitting DDSN to identify changes in people's expectations and needs. One area that has remained consistent over time is DDSN's customers' preferences to receive services in their own home and communities versus in institutions. DDSN exceeds the national trends in meeting this expectation by supporting 83 percent of people at home versus 61 percent nationally. (See Figure 7.1-1 and Figure 7.2-1)

Second, DDSN uses full-time contractors whose only responsibility is to educate the department's primary customers and their families about their rights to be involved in all decision making processes affecting their services. These contractors teach DDSN customers and their families how to be an advocate for themselves and others and to take more responsibility for shaping the service system. A statewide network of self advocates whose purpose is to affect policy change at both the local and state level was formed in 2007 and has engaged in many activities aimed to affect the quality of services.

Third, the person-centered planning process DDSN uses enables staff to identify and address both individual and uniform needs of primary customers and their families. The department's customer data system allows it to keep up to date with the changing needs and demands of its customers. Last, agency leadership is active in professional organizations at the state and national levels. State-of-the-art practices, trends, and approaches used by other states are shared throughout all levels of the agency to enhance and improve South Carolina's system.

3.3 Key Customer Access Mechanisms: DDSN uses it website, designated employees, written brochures and guides, and departmental policies as our key customer access mechanisms. DDSN's website contains a wealth of information for our primary customers, including news updates from the Director, lists of all departmental directives which the customer can provide comments to at any time, and how to reach our full-time consumer and family empowerment director. This employee takes informal and formal complaints, logs the data into a spreadsheet,

and coordinates responses to the complaint to the customers' satisfaction. DDSN also publishes an annual Practical Guide to Services which provides not only DDSN information and contact information, but hundreds of other agencies as well. DDSN also surveys customers regularly to discern how they wish to receive information regarding DDSN services. In addition, DDSN staff attend customer advocacy meetings, visit customers' in their workplace and homes, and include customers and their families on a variety of different policy committees and task forces. This year, 3 public forums, 3 statistically valid surveys, and 7 educational seminars were held across the state to provide the opportunity for the public, customers and their families to respond to proposed changes to services and delivery models.

3.4   Measuring Customer/Stakeholder Satisfaction: DDSN contracts with a nationally certified quality improvement organization to conduct customer satisfaction and experience surveys. Some of the surveys are done face to face with our customers (5% random sample) while others are mailed to customers and their families (10% random sample). A majority of states use the same survey tools allowing DDSN to compare data against similar agencies across the nation. Measures have been tested for reliability and validity and when needed, undergo revision to improve their strength. DDSN prioritizes the areas needing improvement and develops an annual goal for each area with specific interventions that include policy change, training, and technical assistance.

The surveys and personal interviews are designed to assist organizations/providers and the department to use the information gathered to gain a better understanding of its customers' needs and their satisfaction with services. In order to improve overall quality, the data is integrated into local and state quality enhancement planning and efforts. An example of such an effort is the Department's purposeful growth of services to customers in their own homes versus nursing homes or out of home residential care.

Another finding of customer data is the desire to make choices and be involved in the decision making process. DDSN ranks higher than the national average of many customer outcomes related to choice and decision making. (See Figure 7.1-3a) Only 3.7 individuals with developmental disabilities per 100,000 of the general population in South Carolina are placed in nursing facilities as compared with the national average of 6.9 (See Figure 7.2-8 and Figure 7.6-1) Moreover, only 17 percent of DDSN customers received out of home residential care compared to 39 percent nationally. (See Figure 7.1-1 and Figure 7.2-1)

Each of these systems provides feedback to the agency. Feedback is used to remediate problems in order to improve quality across the service delivery system. It also pinpoints areas of specific individual and statewide provider concerns to tailor technical assistance efforts.

3.5   Using Feedback Information from Customers/Stakeholders: DDSN uses a quality improvement process that is grounded in the collection and analysis of reliable and valid data. Data is used to drive the decision making process. The design of this system sets the stage for achieving person-centered desired outcomes along 7 dimensions. The design allows DDSN to address topics such as service standards, provider qualifications, service planning, monitoring health and safety, and critical safeguards. The quality management functions gauge the effectiveness and functionality of our design and pinpoints where attention should be devoted to secure improved outcomes. It encompasses three functions: discovery (collecting data and consumers' experiences), remediation (taking action to remedy specific problems or trends that occur), and continuous improvement (using data and quality information to engage in actions that lead to continuous improvement in service delivery). Data is trended and analyzed routinely and where possible compared with national data. In areas that require strengthening, the agency develops a goal with all stakeholders and re-evaluates the effectiveness of the interventions on an annual basis. An example of such an effort was the discovery that primary customers desire more

choice of services and the providers of those services. In response, this year DDSN wrote and received approval to operate a new home and community based waiver that contains an "employer authority" giving customers the option to select, hire and supervise their own employees and caregivers. (See Figure 7.2-6 and Figure 7.5-3) Another example is the discovery that although most consumers (77%) and their families (86%) reported being very or somewhat knowledgeable about DDSN services, DDSN re-designed its website using consumers and their families to ensure information in this format is accessible and helpful. (See Figure 7.10 and Figure 7.2-4)

3.6 **Building Positive Relationships with Customers/Stakeholders:** DDSN has a full-time Director of Consumer and Family Empowerment whose primary responsibility is developing a positive rapport with customers and their families. Publications including the Practical Guide to Services, Choosing a Caregiver and others in addition to our person-centered services – A Guide to Consumers and Families, and the agency's website are kept updated and widely disseminated. DDSN has an Office of Community Education, which develops and produces materials to educate and assist customers, family members, professionals, and other stakeholders.

This year, due to significant reductions in state and federal outlays, DDSN conducted 3 separate surveys to each major disability group participating in home and community based waivers to get input on service reduction options. This input was used to modify the options presented to the DDSN Commission for approval. Once the options were finalized, DDSN scheduled 7 educational seminars across the State to talk with customers, their families, advocates and providers regarding the revised service options and possible impact to them.

DDSN contracts with DSN Boards and Private Providers to provide service coordination to customers and their families. The role of the service coordinator is to assist customers and their families in meeting their needs and improving the quality of their lives. The service coordinator will play a vital role in working with customers and their families with the revised service options mentioned above.

The DDSN Commission also builds positive relationships with customers and stakeholders. An example is the advisory group recently established to provide input to the Commission on the selection of a new State Director. The advisory group is comprised of a member from each of the 7 major disability advocacy groups.

The department contracts with grassroots advocacy organizations to train, educate, and empower individuals with disabilities and their families. The Center for Disability Resources, University of South Carolina, organizes and provides training meetings around the state on the concepts and practical application of South Carolina's person-centered service approach. They also work with local self-advocacy groups to ensure they understand their rights and roles in the service delivery system. In 2007, they organized a statewide self-advocacy group whose primary objective is to ensure their priorities are heard and addressed at the policy making level. Family Connections of S.C. works for families with children who have special needs. The Brain Injury Alliance of South Carolina educates the public through local support groups and the S.C. Spinal Cord Injury Association assists individuals through peer to peer counseling. The S.C. Autism Society works through its network of support groups to offer information, training, and technical assistance.

DDSN participates regularly with the S.C. Partnership of Disability Organizations, a coalition of numerous statewide advocacy groups to provide updated information and listen and respond to concerns about services and budget matters. Regular meetings are held with regional center parents once per quarter on Saturdays to update them on current/anticipated issues of interest to them and address concerns they raise.

To help meet the specialized needs of people with disabilities, regular meetings are held with key members of the Governor's staff and key legislative leaders and their staffs on funding and policy

issues. This significant amount of involvement keeps the Governor and Legislators current on our customer's needs and our progress to meet those needs so that they have complete information regarding current status and future goals and related constraints.

Category 4: Measurement, Analysis, and Knowledge Management

4.1   Determination of Measures: In 1998, DDSN shifted from a quality assurance process oriented toward inspection and licensing to a quality improvement process based in person-centered outcomes and customer satisfaction. DSSN has a nine-tiered, multifaceted, coordinated risk management/quality assurance/quality improvement program that is not only based on national best practices, but in many ways is setting best practice. There are several approaches employed to determine which operations, processes, and systems to measure. The first is by listening to what DDSN's customers say is important to them. The second is through DDSN payer requirements. The last is feedback from advocacy organizations, the general public and other state's systems of quality management. Typically all three sources inform the agency that the first order of business is to protect, assure, and improve the health, safety, and welfare of our primary customers. The second priority is to provide services that can help the customers address their unique needs in a manner they prefer. The third area is to improve DDSN's customers' quality of life and to help them achieve their life goals. Most of their goals match up with those of the general population: being employed, having meaningful relationships, owning a home, and contributing to their communities, and those in need of support.

4.2   Selecting, Collecting, Aligning, and Integrating Data/Information for Analysis: DDSN has a robust quality management system that is tweaked every year to ensure it remains on the cutting edge of system design, measurement selection, data collection and analysis. Most measures are selected to ensure compliance with state and federal law, as well as to determine whether customers' expectations are met and meaningful outcomes are occurring. DDSN uses data to drive decisions involving many areas including its customers, their families, service delivery, critical incident/risk management and financial. Data is collected uniformly across the state and analyzed in many different ways.   The agency has 12 years of trend data in the risk management area, 7 years of trend data in the quality assurance area, 6 years of trend data in the customer/family satisfaction area, and 5 years of trend data in the quality management area. (See response to 4.3)

4.3   Key Measures: DDSN undertakes specific measures using different methods to assure the health, safety, and welfare of its customers and to increase the quality of services and supports offered by its system of service providers. (See Figure 7.2-6 and Figure 7.5-3)

Risk Management – risk management activities and programs strive to prevent negative occurrences in the lives of consumers. DDSN conducts many risk management activities using several different sources and measures. This is called purposeful redundancy which is used to assess from multiple angles the status of the health and welfare of the people DDSN supports. The three primary risk management (RM) activities are:

1. RM – Traditional Activities – These activities include ensuring the safety of buildings, complying with OSHA standards, and taking appropriate measures to protect against loss through pre-employment screening, pre-service training, insurance coverage, financial auditing and legal consultation. Data is collected annually and trended over time.

2. RM – Consumer Oriented Activities – Activities under this heading include the tracking and review of, and response to allegations of abuse, neglect and exploitation, critical incidents, complaints/appeals and mortality. Data is collected annually and trended over time.

3. RM – Consumer Determined Activities – This is a new area of RM that has developed as a result of the paradigm shift in the treatment and services that has empowered consumers to be

more in control of their lives/choices and the decisions that are made regarding the services and supports they receive. These consumer determined risk factors may relate to issues of diet, exercise, use of potentially harmful substances, sexual practices, hygiene, conformance with medical advice, acceptance of behavioral health services and acceptance of staffing levels of supervision, to name a few. Some of the tools DDSN and its network of providers use in this area are consumer and family councils, circles of support, pre-approval of plans of service, ongoing service coordination monitoring of service deliver, the annual planning process, human rights committees, the use of ethics committees and consulting ethicists on an "as needed" basis. Data is collected annually or upon request of the agency.

Quality Assurance – Quality Improvement Activities – Once appropriate risk management activities are in place, a strong quality assurance and quality improvement program (QA/QI) can be designed. At DDSN this system rests on a foundation of health, safety, and financial integrity. QA/QI activities strive to increase positive occurrences in the live of people served.

1. Licensing Activities – DDSN contracts with DHEC and the State Fire Marshall to perform licensing reviews of adult programs and the law requires DSS to conduct licensing reviews of programs serving children. DDSN uses licensing activities to assist in providing a foundation of health and safety upon which other quality of life initiatives may be built. Licensing activities occur on an annual basis. Data is collected annually and trended over time.

2. Contractual Compliance Activities – The second component of this elaborate QA/QI system is the work done by a private company, Delmarva Foundation, a Quality Improvement Organization designated by the federal Centers of Medicare and Medicaid Services (CMS). As part of its activities, Delmarva, with the assistance of the Human Services Research Institute (HSRI), uses three nationally recognized surveys which are administered to 10% of DDSN consumers and their families on an annual basis. The surveys have been tested by HSRI for reliability and validity on person with mental retardation and their families and 23 states across the country use or have used these survey instruments so results can be compared with those of other states. Data is collected annually and trended over time.

3. Personal Outcome Measures – Another reliable way DDSN assesses consumer's health, welfare, and satisfaction is through a contract DDSN has with the nationally recognized company, the Council on Quality and Leadership (CQL). CQL uses personal outcome measures to help DDSN determine how well services and supports are helping an individual achieve personal goals. Data is collected quarterly, analyzed annually and trended over time.

4. Consumer/Family Satisfaction Measures – These measures typically have a larger affective component than personal outcomes. It is very possible for a customer to have met all of his/her personal goals but still feel dissatisfied with life or the services and supports he/she is receiving. Customer and family satisfaction surveys are conducted annually using a planned redundancy model. Each service provider is required to develop and administer their own annual satisfaction survey. Results are tabulated and identified areas of weakness are addressed for correction. In addition, as mentioned earlier, DDSN, through its contract with Delmarva administers three national standardized satisfaction surveys to 10% of its service population on an annual basis. Data is analyzed annually and trended over time.

5. Quality Management Activities – With the many different approaches DDSN uses to measure and improve quality, it became important to develop a process that would allow the synthesis of all data in order to understand overall performance of the Organized Health Care Delivery System (OHCDS). In collaboration with the Council on Quality and Leadership, DDSN designed a quality management process that allows for just such an assessment. The process is built on a technical assistance and learning approach to quality enhancement. The effort is grounded in the Council's Organizing Principles and Basic Assurances and therefore much of

the work focuses on the OHCDS's leadership, systems and quality management and planning. During the initial 4 day visit to providers, DDSN staff talk with a variety of employees throughout the organization, meet with people receiving services and their families, read policies and literature, observe team meetings, identify current data collection strategies and processes, learn how data is used, observe services in motion, and attend meetings/staffings/psychotropic drug review and self-advocacy efforts. Ultimately, the department synthesizes all the information and jointly, with the provider, identifies the strengths of their system and develops, or builds upon, existing quality enhancement plans. Follow up visits are scheduled and technical assistance is provided through out the year. Another full visit occurs every third year to assess improvement.

6. Other Quality Enhancement Activities – Another important aspect of DDSN's Quality Assurance System that helps both assure and improve the quality of the services being provided is the official body of policies, directives, and procedures. These documents represent a significant source of guidance to the system as a whole and lay out the expectations for service delivery. A system is in place to regularly review and revise these policies via the DDSN website and other electronic formats. Further, independent CPA's are utilized to conduct audits of providers' financial activities and DDSN Internal Audit assesses other financial performance issues.

4.4 Selecting and Using Comparative Data and Information: Data selection is based on what the Commission and State Director desire to collect to be informed and track objectives, what funding sources such as the State and Medicaid require, and what DDSN's primary customers say is important to them and what quality improvement measures indicate. There is some data that can be compared nationally, while some is available only locally or statewide. Historically, no national database was ever established to track trending within the field. Three such sources now exist, The State of the State, which evaluates states spending patterns, institutional placements and legislative efforts. HSRI (Human Service Research Institute) partners with an established group of state directors to assess national trends and data relating to services and satisfaction based on information surveyed from customers and their families. States have the option to participate in the data collection process, as it requires staff effort to collect the important information. South Carolina voluntarily joined the effort in order to receive the national feedback and to bolster the field as a whole. Third, the United Cerebral Palsy is one of the nation's leading organizations serving and advocating for the more than 54 million Americans with disabilities. South Carolina ranked #17 in their ability to create quality, meaningful and community – inclusive lives for its customers. (See Figure 7.1-2)

DDSN evaluates national comparative data where available. For example, in terms of efficiency, the department regularly measures its cost of providing services in a variety of settings. The department's institutional rates are reviewed annually and over time. When compared to national institutional rates, DDSN continues to provide this level of care at 68 percent less than the national rate. (See Figure 7.3-4)

Another example of comparative data that is tracked annually is the direct care staff to consumer ratio in institutions. In the past, DDSN's staff to resident ratio was higher than or equal to the national average. DDSN is currently slightly lower than the national average. Another example of an efficiency measure that couples with a measure of consumer and family's satisfaction is with the delivery of services in the least restrictive environment. Consumers and families report that they want to live in home and community based settings. Data shows that DDSN continues to meet the demand while providing services in a very cost efficient manner. (See Figure 7.1-6 and Figure 7.3-1 and Figure 7.5-1, also Figure 7.3-4) One last example of comparative data is the consumer and family outcome data collected. Data indicates that South Carolina meets or exceeds outcomes of other states. (See Figure 7.1-3a and Figure 7.1-3b)

4.5 **Data Integrity, Timeliness, Accuracy, Security, and Availability for Decision Making:** DDSN uses several approaches to ensure the data it collects is valid, reliable, and otherwise adequate in order to make informed and essential decisions to improve performance. In the risk management area, data collected from reviews are entered directly into the applicable database. All data entry is verified with the provider to ensure accuracy. It is available for analysis at any time. Database access is protected by password. This year, DDSN developed a web-based critical incident management system to reduce redundancy and keying errors and to improve timeliness and accuracy of data. DDSN expects to have web-based applications for all the risk management functions by June 30, 2010. In the Licensing, contractual compliance, customer/family satisfaction and personal outcomes areas, a minimum inter-rater reliability among staff conducting reviews and interviews/surveys is set at 85 percent. Data from these reviews are entered directly into databases. Any inaccuracies are discovered through an editing process. Database access is protected by password. In the quality management area, data collected from reviews is provided to the organization prior to data entry to ensure accuracy. Data is entered directly into a database and is available at any time. Database access is protected by password.

4.6 **Translating Organizational Performance Review:** DDSN uses an executive team approach to determine what activities will be prioritized for continuous quality improvement. DDSN prioritize such activities based on (1) its impact on customer health and safety, (2) the greatest return on investment of time and dollars, (3) its impact on meeting customer needs and expectations, including satisfaction, and (4) requirements of the payers.

4.7 **Managing Organizational/Employee Knowledge:** DDSN identifies best practice through publications, conferences, national associations, websites, and state agency contacts. Information is shared through policy to appropriate personnel and the public via our website and other written and oral means.

Many times during the year, information and knowledge is shared through conferences, workshops, counterpart groups, committees, consumer and parent organizations. These act as a means of both sharing and gaining organizational knowledge.

Category 5: Workforce Focus

5.1 **Organization and Management of Work:** SCDDSN's workforce is structured in accordance with the four tenets of its mission. The primary organizing principle of our agency is to facilitate a person's choice of services to support his/her needs in support of life goals; to provide access to the life-enhancing possibilities available in SC; and to provide it in such a manner as to prevent or minimize the occurrence and severity of disabilities. The current structure and delivery system of our organization and its provider network is based upon assessment, quality improvement projects and planned change.

The nature of the work dictates the design of the individual work systems; but in each case the systems are built around interdisciplinary teams, adequately trained and cross-trained to ensure consist delivery of services and programs. For example, staff that is responsible for working directly with our consumers must successfully complete pre-employment orientation (and continuing education over the course of their employment) in courses that support our guiding principles of health, safety and well-being; dignity and respect; individual and family participation; personal growth and accomplishments. Supervisory staff is taught to observe, encourage and reinforce behaviors that exemplify the organization's over-arching objectives. DDSN has established career progressions for those employees who consistently exhibit competencies identified as critical to its mission.

5.2   **Effective Communication and Knowledge/Skill/Best Practice Sharing:** SCDDSN's Quality Improvement/Quality Management strategy involves the regular review and updating of its policies and procedures, based upon appropriate assessments and measures. This information is passed along to all of its stakeholders through various means of communication, including its updated and improved website, emails, departmental Sharepoint sites, publications, public announcements, training materials, group training sessions, and experiential training. Because the DDSN network is spread across the entire state, and due to the cost of and limitation on travel, the agency has invested in videoconferencing equipment available to all staff as necessary. Interdepartmental and counter-part meetings are integral to the organization's communication strategy.

5.3   **Recruitment, Hiring, Placement and Retention of New Employees:** Recruitment efforts are directed toward ensuring the maintenance of a capable, satisfied and diverse workforce. DDSN utilizes a variety of recruitment strategies in an effort to reach a diverse applicant pool, including posting vacancies on the State Government online job site, and the utilization of a wide range of online and classified advertisement, professional journals, community publications, and road signage. (See Figure 7.4-2)

SCDDSN has been challenged in its retention of nurses and direct care staff. A limited compensation structure in highly competitive areas was identified as a contributing factor. To reflect their level of responsibility and establish parity with private employers, HSAs are hired at a higher entry-level salary than are other employees in the same pay-band, and our LPN I staff was reclassified to the higher pay-band LPN II classification. HR requested flexibility and additional resources to recruit and retain critical staff. We have the delegated authority to offer salaries to nurses at or above the midpoint of established pay-bands in response to the intense competition to hire qualified staff. Additionally, a pilot program that provided nurse sign-on and referral bonuses was implemented at a regional center identified by its high nurse vacancies and turnover in an effort to generate interest in employment and foster long-term employment with the agency.

Retention of direct care employees is hindered by the intimate nature of very labor-intensive work. Although each job utilized by the agency is supported by a comprehensive position description, identifying those outlined skills and abilities in applicants is complicated. Management encourages residential unit staff to participate in the interview and selection process to facilitate appropriate employee placement; recognizing that the employees in the immediate work environment have an intimate understanding of the "soft" skills required in their particular area given the behaviors of the residents. Additional applicant analysis, selection and placement processes are being considered.

5.4   **Workforce Capability and Capacity Needs:** SCDDSN employees are ultimately the keys to our success. The diverse range of knowledge and skills required for the various positions within the agency are outlined in position descriptions, and are updated on a regular basis to reflect the changing utilization of resources. To ensure capability, many DDSN jobs require associate degrees, bachelor degrees, advanced specialized degrees, certifications or licenses prior to employment. Supervisory staff is trained to reinforce core competencies to ensure consistent quality of care.

Workforce capacity is assessed through multiple means. In most cases, these are consumer driven, e.g. residents who require one-to-one attention are provided it. Critical staffing requirements are based upon our consumer's individual needs and goals as identified by his/her support team and family. Personal outcomes and consumer and family satisfaction measures are taken into account. Use of overtime hours, temporary and contract staff utilization, sick leave usage, employee relations issues, and employee injuries are all indicators that are measured and analyzed in relation

to staffing levels. National standards of staffing, such as consumer to staff ratios or administrative to service staffs are compared.

5.5 **Workforce Performance Management System:** The State Employee Performance Management System (EPMS) is based upon continuous communication between the supervisor and the employee to support high performance. Individualized action plans are incorporated into each EPMS. Each employee can identify her/his role in contribution to the mission of the agency. Additional efforts to increase employee knowledge of the interrelationship of staff in the organization's many systems are being developed.

5.6 **Development and Learning System for Leaders:** Management-level employees are encouraged to take the Associate Public Manager accreditation for managerial expertise, and to complete the Certified Public Manager accreditation for more advanced managerial expertise. In addition to training requirements and core competency skills checks, SCDDSN's staff development policy recommends all staff receive ten hours of job-related training annually, in the form of workshops, professional staff meetings and/or conferences. Managers are encouraged to identify employees with exemplary skills who can be mentored for succession. Agency-sponsored educational seminars and workshops are regularly occurring and open to employees and providers interested in participating. The DSN Commission holds monthly meetings, open to the general public, where strategic challenges and plans of action are openly discussed; providing the most formal discourse and reiteration of the agency's mission and ethical position. Less formally, opportunities for staff volunteerism and coordination of charitable campaigns are regularly provided to foster the development of critical interactive and leadership skills.

5.7 **Identification of Key Developmental Training Needs:** Career paths are in place for 85 percent of the non-management workforce. As these jobs evolve and position descriptions are updated, skills, knowledge and ability assessments are performed. New technologies are utilized, best practices are researched; and gap analyses are thereby generated. Where there is a need for developmental training, it is provided by the agency to all pertinent workforce either through internal or by contractual experts. As new skills and competencies are identified or when policy and practice changes, they are incorporated in employee orientation and communication efforts.

All conflicts, employee relations matters, and all injuries are thoroughly investigated. Where reiteration of conflict resolution, diversity or safety training is considered to be immediately necessary and/or beneficial, such is provided to staff and management is provided an opportunity to develop skills and tools to prevent such concerns in the future. DDSN has experienced a significant increase in workers' compensation cases within the past two years. Contributing factors have assessed, experts have been consulted and as a result prevention plans are being developed to address this concern.

5.8 **Encouraging On-The-Job Use of New Knowledge and Skills:** Experiential training has been determined an efficient method of adult education. At SCDDSN, most core competency education utilizes hands-on training. As mentioned, skills-assessments and tests are also part of the regular staff development curriculum. Supervisors and managers actively encourage the use of new knowledge and skills. Occasionally, due to the fragile health of some DDSNs residents, disciplinary action is taken when employees are non-compliant with newly implemented practices and procedures. Generally, efficiencies and improved technologies are readily embraced.

5.9 **Contribution of Employee Training to Action Plans:** DDSN recognizes that well-qualified and knowledgeable staff is the key to its published Vision of providing the best services to assist persons with disabilities and their families. As stated in the agency's Quality Management policy, implementation of such "requires a strong, well-coordinated pre-service orientation program and

the maintenance of staff enthusiasm through ongoing in-service training and professional development programs." Our workforce is our most important resource and training of service delivery staff is vital to our plans of action. Efforts to increase training opportunities to administrative staff are being considered.

5.10 Evaluation the Effectiveness of Workforce and Leader Training: All mandatory workforce development training requires a combination of written tests and skills checks. Employees must successfully demonstrate their capability prior to employment with SCDDSN. Re-certification is regularly required. Interviews and random observations are also used. In accordance with EPMS requirements managerial staff receive a rating on their supervisory skills. The CPM and APM training both involve comprehensive evaluation and demonstration of learned skills and abilities. Where there are additional training needs, the agency makes the determination as to its most efficient application. Regular observation and audits of internal procedures and provider delivery systems provide additional information.

5.11 Motivation of Employees to Develop and Use Potential: SCDDSN workforce is encouraged to develop their full potential through a variety of formal and informal methods. The EPMS is one tool. Identification and acknowledgement of employee initiative is another. Each regional facility identifies an Employee of the Month, an Employee of the Year, and the DSN Commission recognizes the Agency Employee of the Year at a formal Commission ceremony. Continuing education is encouraged through our Tuition Assistance Program and Educational Leave policy. Perhaps most importantly, DDSN fosters an environment of trust, camaraderie and empowerment among employees.

5.12 Employee Well-being, Satisfaction and Motivation Methods and Measures: Workforce well-being and satisfaction assessment is an ongoing process within DDSN. As the process continues, it is the department's goal to improve its assessment of workforce well-being and satisfacation. Many facilities and providers have developed workforce activity teams, have conducted satisfaction surveys, and implement change on a local level. Some of the policies that have developed from these include flexible and alternative work schedules, telecommuting and training opportunities, and casual dress days. Often, the opportunity to coordinate with counterparts to discuss processes and challenges inherent to various positions is identified as increasing staff confidence and job-satisfaction.

Turnover, sick leave analysis, retention and grievance statistics are used by management and HR staff to determine what interventions need to be implemented to reduce or reverse what are considered to be deleterious to the achievement of agency goals. Priority for improvement is given to those changes that will have the most positive impact on the DDSN service delivery system and consumer/family satisfaction. (See Figure 7.4-1)

5.13 Management of Career Progression and Effective Succession Planning: Many of DDSN's positions are identified as relative to specific career progression. Position descriptions within a career track identify increasing levels of knowledge and accumulated experience within the SCDDSN delivery system. Workforce may request to review prototype position descriptions at any time. Vacancy announcements, which include minimally required training and experience, are posted throughout campuses, and applications to such are encouraged. Supervisory staff are taught to identify staff who have the ability to coach and mentor other employees, thereby establishing the first step in succession planning. Internal promotion is critical to developing a workforce that is knowledgeable of those requirements endemic to SCDDSN's work environment. Our hiring policy reflects this, and our promotion statistics support our dedication to this course of action. DDSN and contracted provider workforce are provided training/education opportunities and interact with relative regularity.

5.14 Maintaining a Safe, Secure and Healthy Work Environment: OSHA and DHEC guidelines are followed to maintain a safe and secure working environment. Employees who will have responsibilities of directly caring for consumers must submit to pre-employment health screening as well as pre-employment (and random) drug-testing. Employees are offered health screenings and workshops, and are provided information on state-sponsored Employee Assistance Programs. All appropriate employees receive driver safety and assistive equipment training and before they are allowed to operate state equipment. DDSN has a well-established and published Disaster Preparedness Plan. Staffs are taught their responsibilities in relation to safety/fire/disaster occurrences. Risk management teams review any and all accidents and make suggestions to procedural changes as necessary in response. Administrative Officers of the Day ensure the safety and security of facilities, and regular security patrols of administrative buildings have been implemented. Staff is taught, and regularly reminded of the responsibilities of maintaining a secure, safe environment for the sake of the persons we serve as well as staff. Abuse and neglect prevention is taken very seriously and policy is strictly adhered to. Any allegations of workplace violence or sexual harassments are immediately investigated. HR policies prohibit possession of alcohol, illegal drugs, and firearms by the workforce on the organization's facilities.

Category 6: Process Management

6.1-2 Key Processes That Determine Core Competencies, Create Value, and Enhance Efficiency and Effectiveness: The agency's State Director and the executive staff regularly seek input from consumers, consumer advocates, parent groups and service provider representatives through both formal and informal methods to stay abreast of how the service delivery system is functioning. However, efforts are underway to increase the frequency and breadth with which public input is solicited to include upgraded internet comment options. This input results in action by the Department ranging from changes in policy or process, to assisting an individual consumer. The Department relies on the consumers, families, advocates and service providers to provide feedback on the responsiveness of the service system to consumers. Groups from which feedback is regularly sought include:

1. *Regional Center Parent Advisory Groups*
2. *Statewide Parent Advisory Group*
3. *Consumer Self-Advocacy Organizations*
4. *Advocacy Organizations including Protection and Advocacy of South Carolina, Inc.*
5. *SC Human Service Provider Association*

Strategic Processes: DDSN has shifted its system of services from a program-centered approach to one that is a person-centered during the past decade. A strategic process is used to implement this person-centered approach to service and support delivery. A Person-Centered Single Plan is completed by a facilitator or service coordinator, a service provider(s) is(are) selected by the consumer, capitated funding is authorized based upon the needs (not wants) of the consumer and awarded through the annual contract with the selected provider(s), and accountability is assured through assessment of compliance with licensing standards and contract requirements.

Critical/Priority Needs Assessment: DDSN's Critical/Priority Needs system identifies and tracks persons who have critical or priority need of support. The needs of individuals are reviewed by a group of knowledgeable DDSN professionals to determine whose needs are most critical. Our most extensive and expensive services are then delivered to those individuals who's needs are identified as most intense. This assures that our limited resources are provided to those individuals in greatest need. DDSN staff also provides support to our providers to assist them in proactively identifying individual needs before they reach a critical level.

Least Restrictive Services: DDSN persists in making every effort to shift available resources to prevention and family support services and to avoid expensive out-of-home placements. (See Figure 7.1-1 and 7.2-1) The Agency continues to focus on supporting families, not supplanting families. This approach is often referred to as providing services in the "least restrictive" setting. It is considered a best practice in the field and additionally saves the state a significant amount of money. Even for the most restrictive and most expensive residential services, there is a hierarchy of restrictiveness. From minimal supports provided in the Supervised Living Program to intensive medical, educational, recreational, and personal care services provided in our Regional Centers. In recognition of this philosophy of providing services in the least restrictive setting, DDSN management staff review and approve the movement of all individuals moving to more restrictive and expensive residential service settings. Review of those individuals moving into our Regional Centers, the most restrictive and expensive residential service, are scrutinized with the greatest vigilance. This review process has resulted in our Regional Centers serving individuals with a higher level of needs than those served in public institutions in other states (See Figure 7.1-5).

Vacancy Tracking: Residential service vacancies are monitored and tracked on a regular basis. DDSN management staff conduct regular follow up with the residential service providers (including our directly operated Regional Centers) to assure that residential vacancies are filled with individuals in need in a timely manner. If providers fail to fill these vacancies in a timely manner, a financial sanction is invoked. This assures that the most expensive service options are being utilized to the fullest extent possible. This monitoring has resulted in more than 80% reduction in residential service vacancies in the last several years.

Freedom from Abuse, Neglect, and Exploitation: DDSN manages a systematic response to allegations of abuse, neglect, and exploitation. DDSN enforces a 24-hour reporting rule required by law. State or local law enforcement agencies conduct most abuse investigations as mandated by law. Data reported from providers about abuse, neglect, and critical incidents are collected by DDSN to allow an evaluation of the effectiveness of given service providers in preventing and responding to these adverse incidents. DDSN staff complete an analysis of the data for trends and patterns. The results of investigations are reviewed and analyzed by DDSN management and trends are shared with providers. DDSN senior managers meet with providers that are experiencing deviations from the average rate of reporting abuse, neglect, or exploitation to assist them in developing remedial actions.

Complaint/Appeal Resolution: DDSN is committed to timely and effective resolution of complaints and appeal of adverse actions. A centralized system for receiving complaints and appeals is maintained so each complaint/appeal receives timely attention. Staff time is allocated to receive reports, gather information, interview consumers, their families, and providers, to assure that each complaint/appeal is addressed in an equitable manner in accordance with state and federal regulations. A computer record of all complaints is maintained which permits analysis and follow up with providers experiencing higher rates of complaints.

Budget Oversight: Over the past year, DDSN implemented a Budget Reduction plan to absorb the $38 million State fund reduction which represented a 21% reduction to the Agency's state funding. This state fund reduction also resulted in the loss of $35.7 million in Medicaid funding. Despite the magnitude of reductions, the Agency was able to minimize the number of consumers who actually lost a service. This was possible through a planful reduction in certain DDSN administrative positions, enhanced capture of federal Medicaid funding and a prioritization of service maintenance to those consumers who were most vulnerable. This budget management process was similar to the one employed by the agency during the significant state funding reductions occurring early in the decade. (See Figure 7.3-3)

As directed over many years by Governors' administrations and the General Assembly, DDSN has pursued an aggressive effort to cover as much of the Agency's service costs as possible by the federal government through Medicaid. This has meant a reduced cost to the state to provide services to persons with severe lifelong disabilities. Almost every service DDSN provides has some cost expensed to Medicaid across all programs, services, and populations served.

DDSN has aggressively targeted resources over the past few years in order to meet the priorities of the Agency without additional funding. During the ten year period 2000 through 2009, DDSN shifted more than $61 million in services from large state-operated facilities to locally operated disability boards/private providers as community alternatives were developed. This resulted in the reduction of 1,949 FTE's during the same period. (See Figure 7.3-5, also Figure 7.1-11 and 7.3-2)

The Agency has privatized supply warehousing, laundry, printing services, pharmacy services, quality assurance, some medical and food services, vehicle maintenance, garbage services and mainframe computing resulting in savings and the reduction of additional FTE's while generally improving service quality. DDSN's Central Office administration cost has been minimized to less than two percent. (See Figure 7.2-9) These savings were reallocated to the highest priorities of the Agency.

6.3-6 Key Performance Requirements, Service Process Evaluation and Enhancement: DDSN assures our service providers are monitored regularly. The Agency adopted a centralized and consistent approach to review providers using DDSN licensing standards. These standards primarily focus on health and safety issues. DDSN licensing professionals have conducted regular on-site reviews of provider organizations. This staff reviews policy and procedure, consumer records, consumer funds, governance, and facilities.   The staff either issues a license to operate, a license with a required plan of correction, or withdraws the license to operate. Beginning in fiscal year 2009-2010, DDSN will transfer the licensing function to South Carolina Department of Health and Environmental Control (DHEC) to further enhance the impartiality of the review process.

DHEC monitors the performance of our directly operated Regional Centers and our private provider operated community ICF/MRs. DHEC uses a set of comprehensive regulations to guide this monitoring. If the Regional Centers or private community ICF/MRs do not meet these federal regulations, DHEC will revoke the provider's license.

Additionally, in 1999 DDSN began measuring compliance with federal Medicaid regulations using a Key Indicator approach. In 2001, First Health Services, Inc. of South Carolina was contracted with to conduct these reviews. In 2007, after a competitive bid, Delmarva (a private federally certified Quality Improvement Organization) received a contract to perform this crucial monitoring function. This arrangement was to assure an "arms length" relationship exists between DDSN, compliance measurement, and providers.

DDSN staff not involved with these provider reviews offer targeted technical assistance to those providers identified to have performance problems through the licensure and compliance reviews. Also DDSN evaluates the specific components of both the licensing and compliance review process on an annual basis. Changes in the areas of provider performance review occur as a result of these reviews based upon prior year performance trends and changes in national "best practices". Typically these changes result in an increase in expectations of providers. DDSN imposes financial sanctions if providers are not complaint in the critical areas of eligibility, planning, and implementation Key Indicators that are assess by Delmarva.

In 1997, South Carolina became the first state to pursue an outcome based measurement system. A committee of stakeholders was formed to review several companies that provide this service and selected The Council on Quality and Leadership, which is recognized as the world leader in

outcome methods of quality improvement. The Council led us toward the goal of using the measurement of 25 personal outcomes and a provider's efforts to provide support as the primary data. This state of the art in quality improvement system and information is used in several ways, including individual supports planning, and establishing agency goals.

These efforts led us to develop an organizational performance enhancement system – a one of a kind total systems approach to quality improvement. The system draws data from Licensing, Delmarva, and organizational performance measures. A team including consultants, provider staff, consumers, families, board members, and others engaged in a two to four day examination of a provider's service and support system. They examine governance, policy and procedure, resource utilization, staffing, staff development, and the consumer information on the desired outcome. The information is distilled to a report outlining strengths, opportunities, and challenges for the provider. The team makes specific recommendations about where and how the provider should go about making changes in policy, procedure, and day-to-day operations. This total approach to quality management closes the loop in DDSN's search for excellence.

Another example of how DDSN is constantly striving to enhance our monitoring systems is a Real Choices System Change Grant received by DDSN from the federal government. This grant allowed for DDSN's multi-tiered system of quality enhancement to be evaluated by highly regarded independent entities. This independent evaluation found the DDSN system to have many superior features. This was the first independent evaluation ever conducted of a state developmental disability agency's quality enhancement system.

In addition to the aforementioned items, Delmarva collects information on National Core Service Indicators, and consumer/family satisfaction data. This unbiased, independent third party review process has produced valuable insight for both DDSN and the providers as it allows us to compare our performance to the performance of disability agencies in other states (See Figure 7.2-6 and Figure 7.5-3).

DDSN's executive team meets monthly to review the status of the service and support system. Executive team members review data collected by multiple agency activities to include quality management teams, licensing personnel, abuse/neglect reports, death reports, critical incidents, Delmarva reports, DHEC reports, independent audits, and Internal Audit. The team analyzes the data, obtains input from other stakeholders and then develops plans to improve those processes which do not produce the desired outcomes. The team has the authority to deploy resources to either implement or assist with the implementation of a corrective plan.

6.7 **Service Need Resource Forecast:** DDSN collects and analyzes the cost and available non-state revenue for all services provided directly and through contracted providers and for our system oversight infrastructure on at least an annual basis. DDSN complies with Governmental Accounting Standards Board guides to complete our cost and revenue forecasting efforts.

DDSN also maintains and updates, on a daily basis, service waiting lists which reveal the level of need of potential consumers. (See Figure 7.1-7) As noted above, DDSN has a process for systematically evaluating the urgency of consumer need. This provides an up to date and accurate accounting of the number and types of services that are needed by degree of urgency. Using the detailed cost figures noted above, DDSN can project the resources needed to address the varying degree of service urgency.

As noted above, DDSN tracks system performance against other states. When our performance appears to be lagging, DDSN will utilize either our own cost figures or nationally available cost figures to project resources needed to address these areas of needed improvement.

South Carolina Department of Disabilities and Special Needs
Living Arrangements for Consumers with
Mental Retardation/Related Disabilities (MR/RD)
Comparing South Carolina with United States

Individuals with MR/DD
by Living Arrangement

South Carolina

83% **Reside with family caregivers**

Out of home residential **17%**

Individuals with MR/DD
by Living Arrangement

United States

61% **Reside with family caregivers**

Out of home residential **39%**
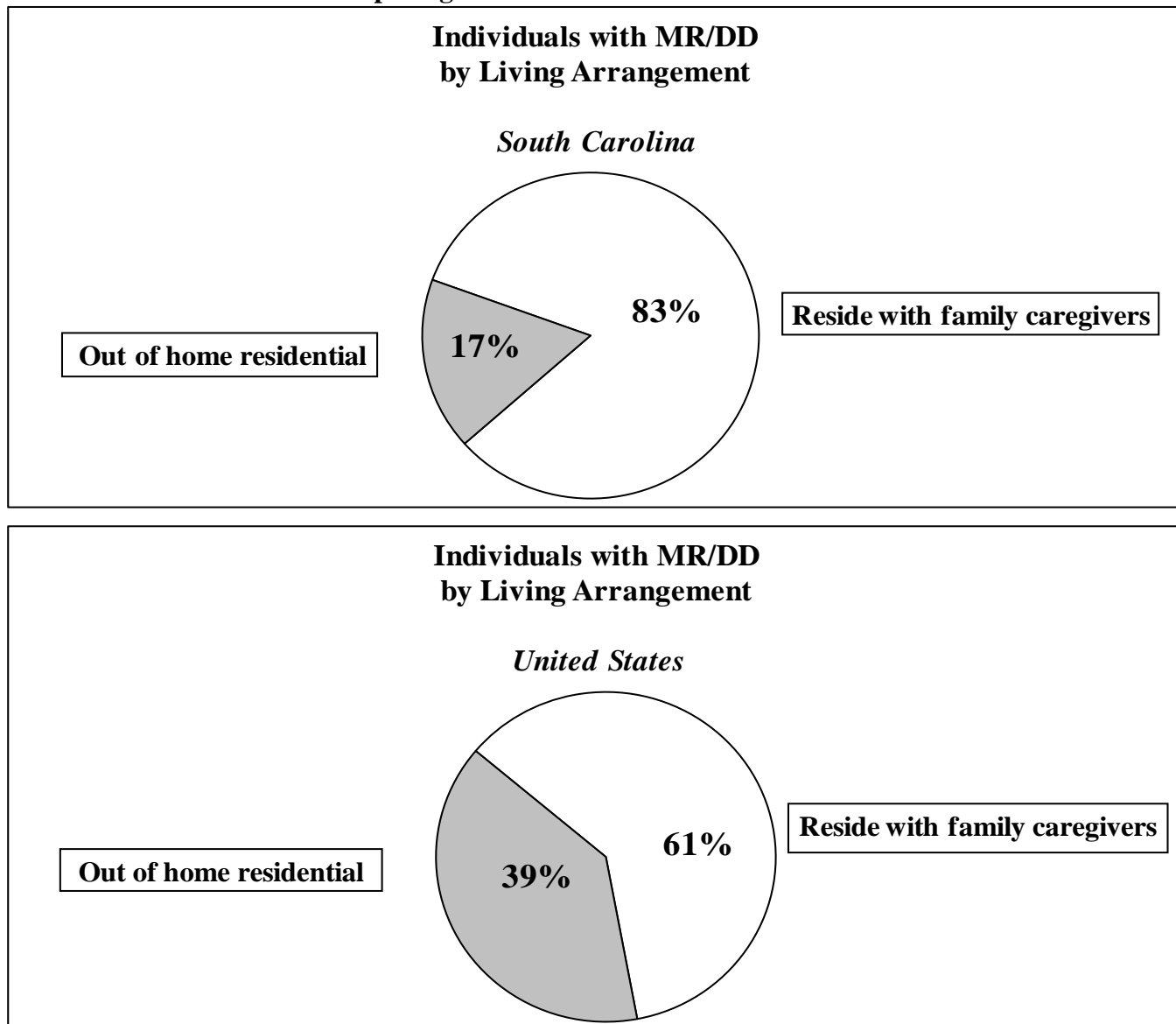
Serving people with severe lifelong disabilities in their homes with family is best for the person, preferred by families and is the most cost efficient service alternative for taxpayers. Of the 28,815 persons with mental retardation and related disabilities and autism served by DDSN, 83% live with family caregivers, compared to only 61% nationally. DDSN is doing a better job of keeping families together through respite, personal care, day services and other needed supports.

Data Source:
  The State of the States in Developmental Disabilities: 2009 (preliminary data) published by The University of Colorado

South Carolina Department of Disabilities and Special Needs
Ranking of States' Ability to Create Community – Inclusive Lives for
Americans with Mental Retardation/Related Disabilities (MR/RD)

Chart A

Rank - State	Value
1 - Vermont	86.3
2 - Arizona	85.6
3 - Alaska	82.8
4 - New Hampshire	80.3
5 - Massachusetts	80.1
6 - Michigan	78.7
7 - California	78.5
8 - Hawaii	78.1
9 - Colorado	76.9
10 - Connecticut	76.0
11 - New Mexico	74.6
12 - Delaware	74.4
13 - Minnestoa	74.3
14 - New York	74.2
15 - Idaho	72.4
16 - Pennsylvania	72.4
17 - South Carolina	**71.9**
18 - Florida	71.7
19 - Rhoda Island	71.4
20 - Oregon	70.8
21 - New Jersey	70.8
22 - Wisconsin	70.3
23 - West Virginia	70.2
24 - Kansas	70.1
25 - Washington	70.0
26 - South Dakota	69.8
27 - Montana	69.5
28 - Wyoming	68.7
29 - Missouri	68.6
30 - Oklahoma	68.1
31 - Georgia	68.0
32 - Maryland	67.8
33 - Alabama	67.3
34 - Nevada	67.0
35 - Maine	66.9
36 - North Carolina	66.2
37 - Utah	63.0
38 - Kentucky	62.9
39 - Iowa	61.9
40 - North Dakota	59.6
41 - Virginia	59.4
42 - Indiana	58.9
43 - Tennessee	57.6
44 - Nebraska	56.8
45 - Ohio	55.9
46 - Louisiana	55.8
47 - Illinois	54.0
48 - District of Columbia	51.9
49 - Texas	44.4
50 - Arkansas	43.1
51 - Mississippi	25.4
U.S. Average	65.4

Chart B

Southeastern Ranking of Medicaid for Americans with MR/RD

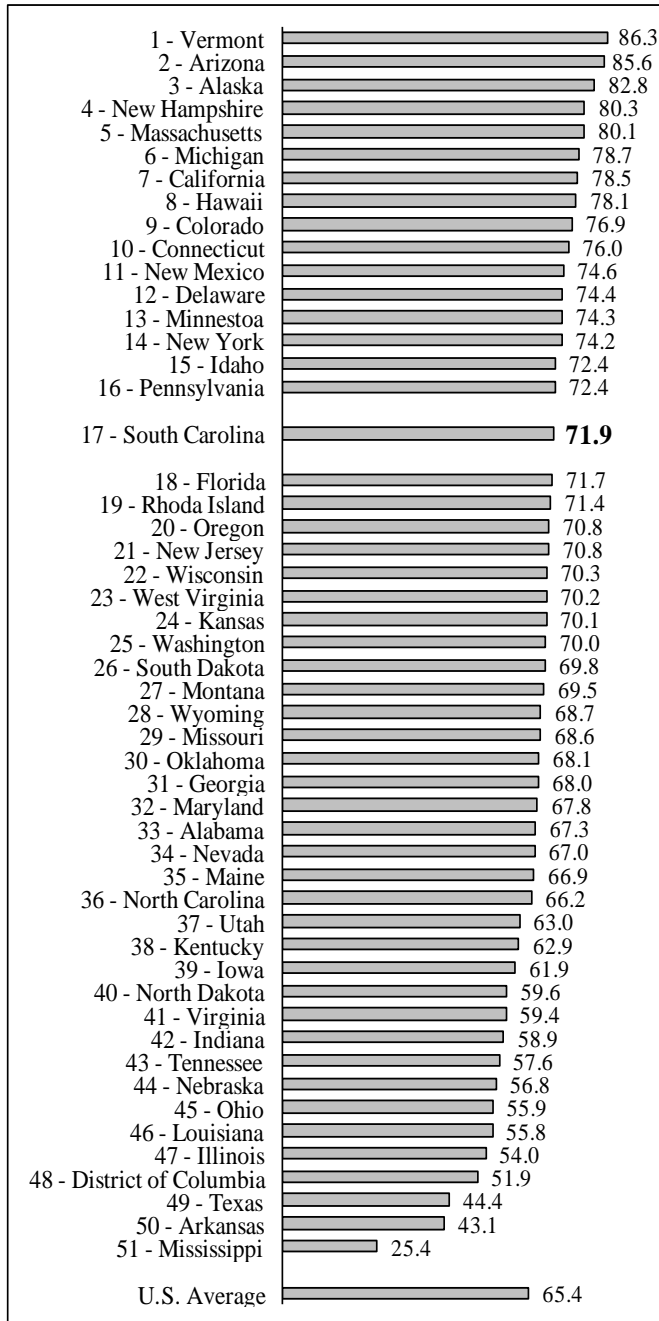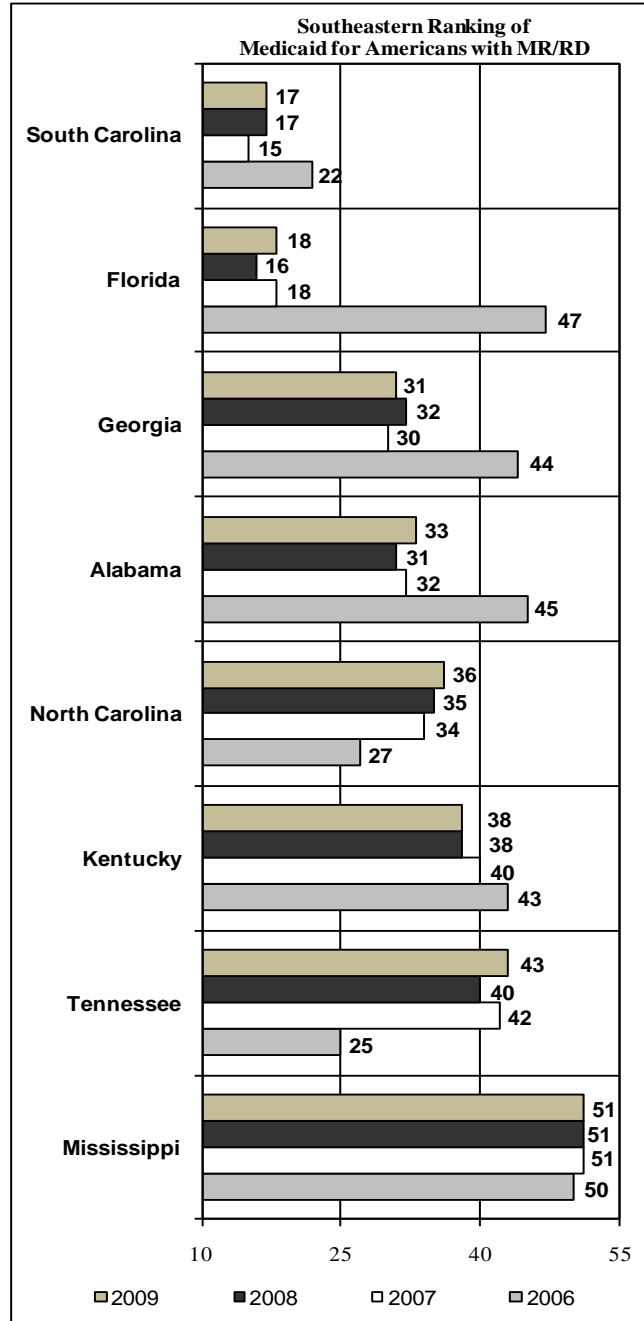| State	2009	2008	2007	2006
South Carolina	17	17	15	22
Florida	18	16	18	47
Georgia	31	32	30	44
Alabama	33	31	32	45
North Carolina	36	35	34	27
Kentucky	38	38	40	43
Tennessee	43	40	42	25
Mississippi	51	51	51	50

United Cerebral Palsy is one of the nation's leading organizations serving and advocating for more than 54 million Americans with disabilities. Their ranking is based on the states' ability to create quality, meaningful and community–inclusive lives for Americans with intellectual and developmental disabilities. South Carolina ranked number 17 in 2009 and 2008, just slightly down from 15 in 2007, but up from number 22 in 2006. South Carolina was the top state listed in the Southeast in 2009 and 2007.

Data Source:
The Case for Inclusion - An Analysis of Medicaid for Americans with Intellectual and Developmental Disabilities: 2006, 2007, 2008, and 2009 published by United Cerebral Palsy

Figure 7.1-3a

South Carolina Department of Disabilities and Special Needs
Results of Consumer Survey
Comparing South Carolina with United States
On Consumer Outcomes of:

Choice and Decision Making

Choice and Decision Making
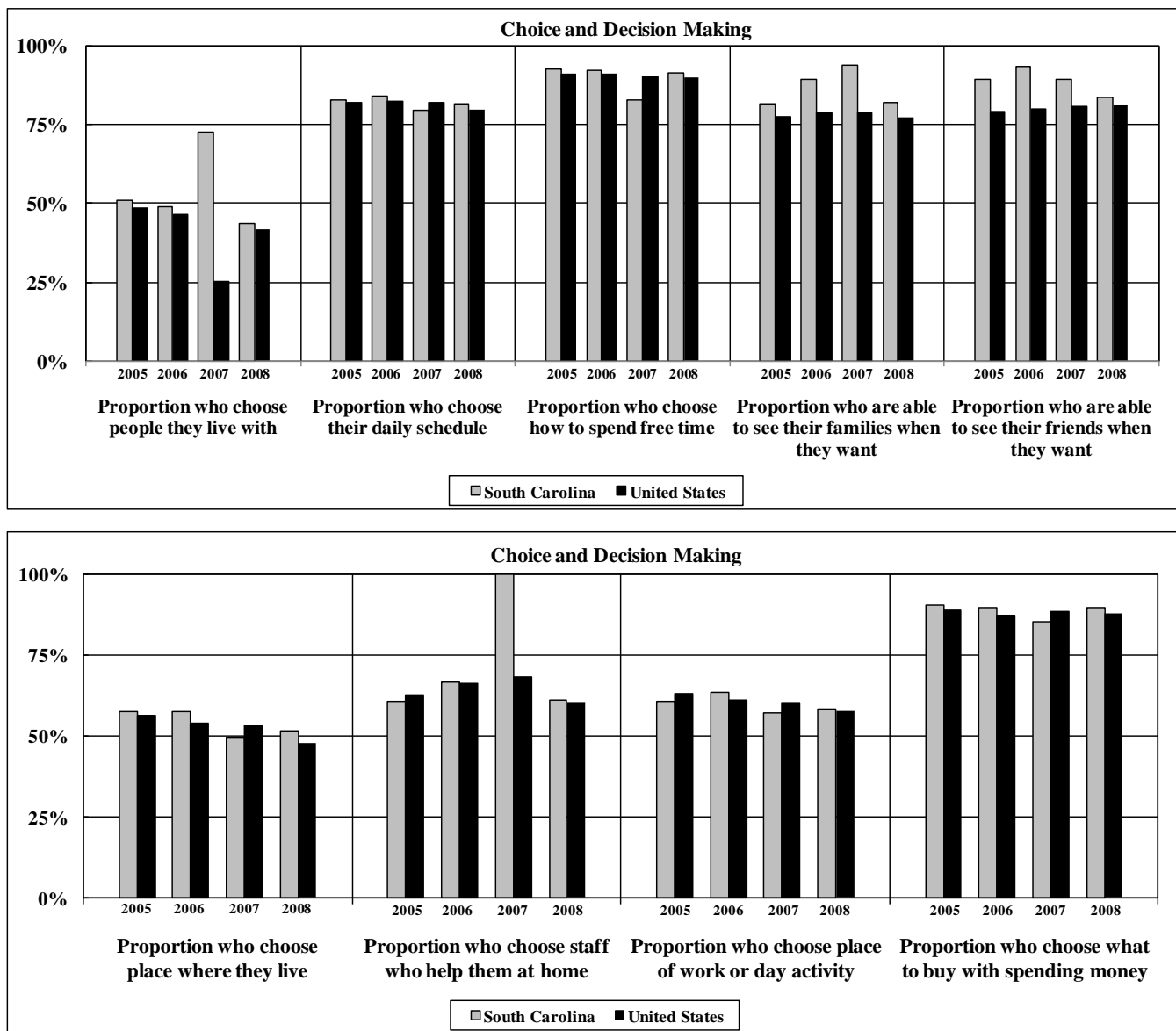
South Carolina consumer survey results compare very favorable with national data regarding reliable and valid measures of consumer choice and decision making in various aspects of their lives, and community inclusion. This data is used to improve system performance, build upon practices that work, and ultimately to improve meaningful outcomes in consumers' lives.
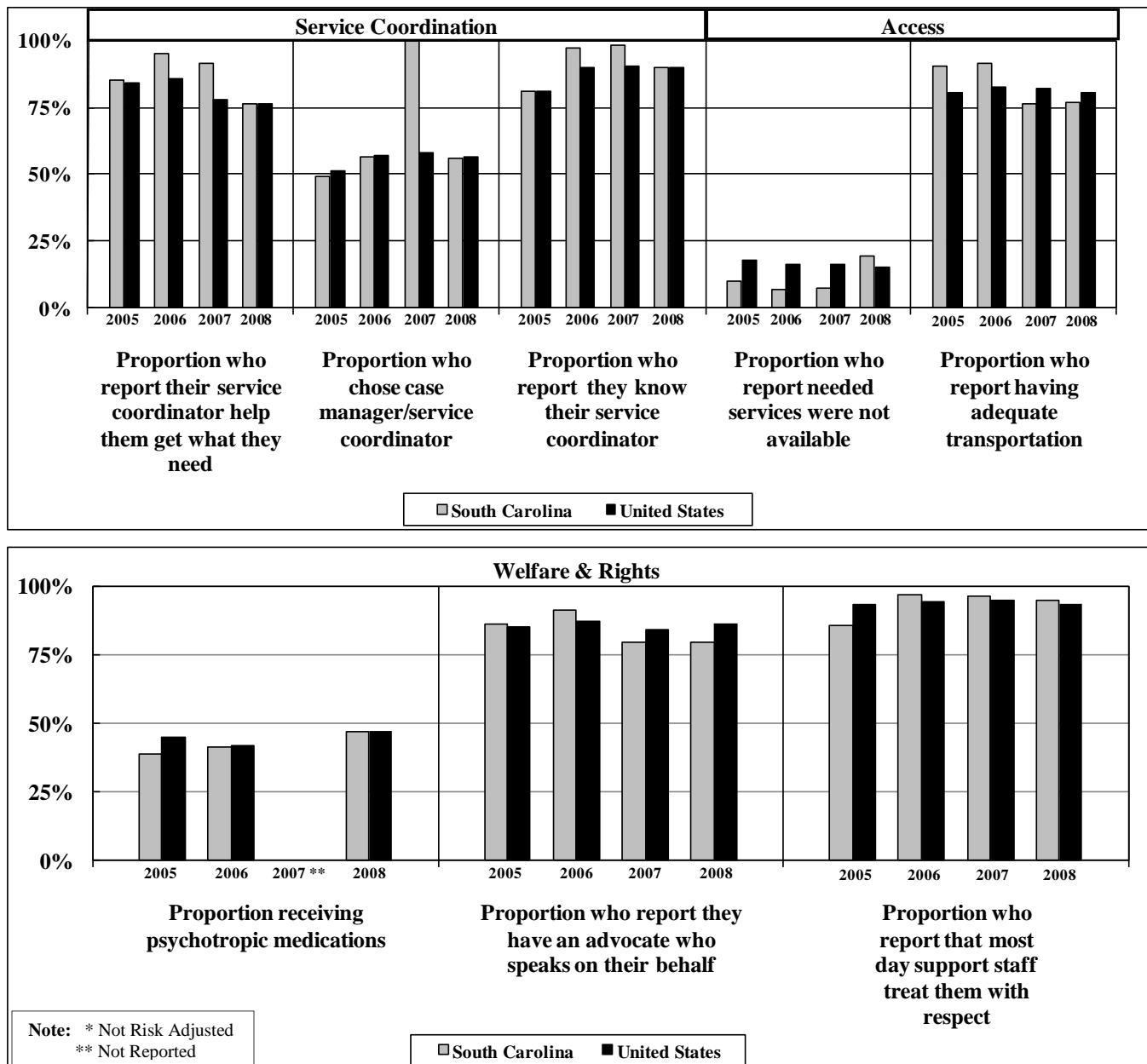
Data Source:

Consumer Outcomes - National Core Indicators: Phase VII Final Report for Fiscal Year 2004-2005 data; Phase VIII Final Report for Fiscal Year 2005-2006 data; Phase IX Final Report for Fiscal Year 2006-2007 data; Phase X Final Report for Fiscal Year 2007-2008 data published by A Collaboration of the National Association of State Directors of Developmental Disabilities Services and Human Services Research Institute

Figure 7.1-3b

South Carolina Department of Disabilities and Special Needs
Results of Consumer Survey
Comparing South Carolina with United States
On Consumer Outcomes of:

Service Coordination | Access

Proportion who report their service coordinator help them get what they need

Proportion who chose case manager/service coordinator

Proportion who report they know their service coordinator

Proportion who report needed services were not available

Proportion who report having adequate transportation

☐ South Carolina   ■ United States

Welfare & Rights

Proportion receiving psychotropic medications

Proportion who report they have an advocate who speaks on their behalf

Proportion who report that most day support staff treat them with respect

Note: * Not Risk Adjusted
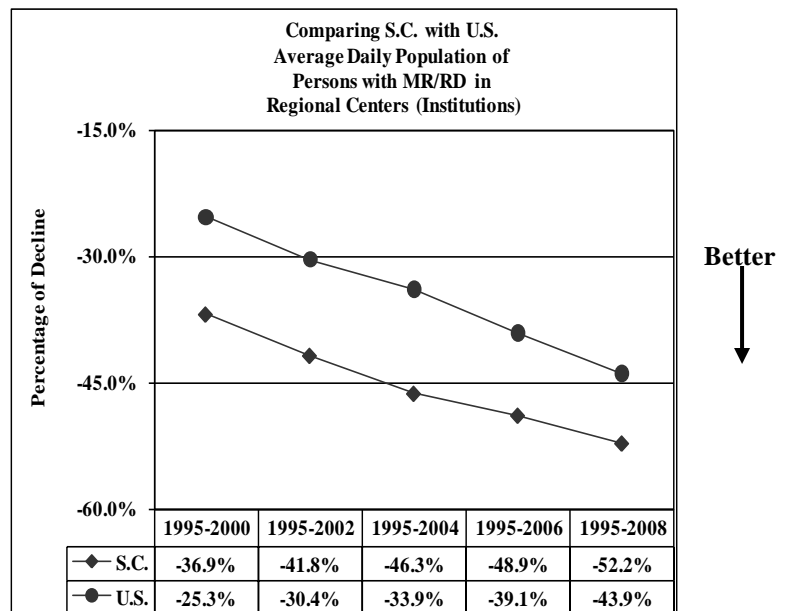** Not Reported

☐ South Carolina   ■ United States

South Carolina consumer survey results compare very favorable with national data regarding reliable and valid measures of consumer service coordination, access, and welfare and rights in various aspects of their lives, and community inclusion. This data is used to improve system performance, build upon practices that work, and ultimately to improve meaningful outcomes in consumers' lives.

Data Source:

Figure 7.1-4
Figure 7.2-2

Section II:
Main Services

South Carolina Department of Disabilities and Special Needs
Summary of Agency Residential Beds

Chart A

Net Change FY 2000 to 2009:
Community: +18.6%
Regional: -25.7%

Chart B
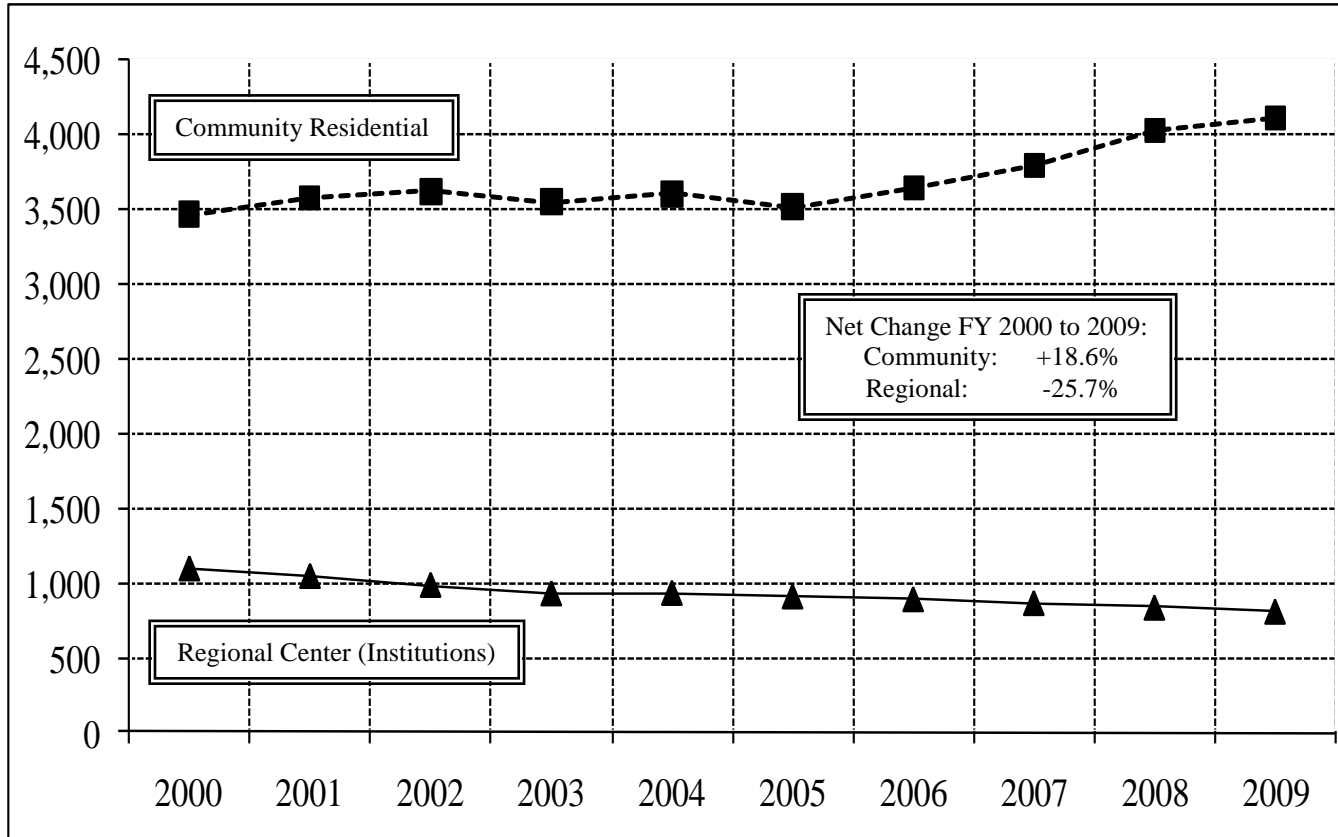
Consistent with consumer preference and choice, DDSN continues to shift residential services from regional centers to local community services. South Carolina like the rest of the nation continues to reduce institutional capacity due to the array of residential options now offered closer to the consumers families' homes.

Comparing S.C. with U.S.
Average Daily Population of
Persons with MR/RD in
Regional Centers (Institutions)

Better

|	1995-2000	1995-2002	1995-2004	1995-2006	1995-2008
S.C.	-36.9%	-41.8%	-46.3%	-48.9%	-52.2%
U.S.	-25.3%	-30.4%	-33.9%	-39.1%	-43.9%

Data Source:

Chart A - Agency data provided by DDSN

Chart B - Residential Services for Person with Developmental Disabilities: Status and Trends through 2000, 2002, 2004, 2006, and 2008 (preliminary data) published by The University of Minnesota

Figure 7.1-5

Section III
Category 6 – Process Management

South Carolina Department of Disabilities and Special Needs
Level of Intellectual Disability of Consumers
Residing in Regional Centers (Institutions)
Comparing South Carolina with United States

	1998	2000	2002	2004	2006
South Carolina	87.0%	85.5%	88.0%	88.5%	83.8%
United States	82.2%	80.0%	79.7%	79.3%	76.3%
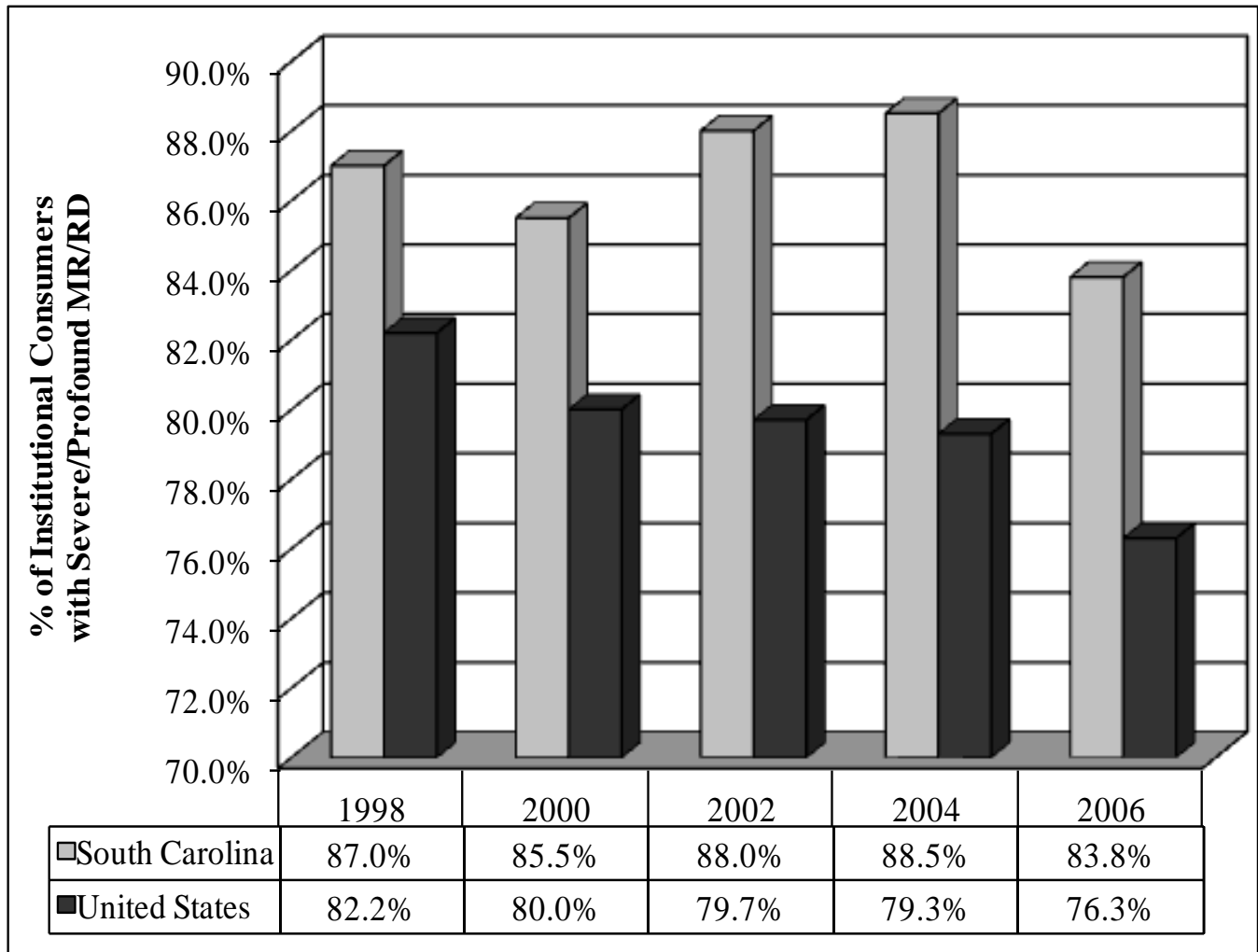
The above figure compares the percentage of individuals with the most extensive disabilities who are served in DDSN's regional centers to the national average. The needs of the individuals served in South Carolina's regional centers (institutions) are consistently higher than the national average.

Data Source:
  Residential Services for Person with Developmental Disabilities: Status and Trends through 1998, 2000, 2002, 2004, and 2006 published by The University of Minnesota

Figure 7.1-6
Figure 7.3-1
Figure 7.5-1

South Carolina Department of Disabilities and Special Needs
Delivery of Services Per Consumer Choice
Home and Community Based Settings (MR/RD Waiver)
Versus Institutional (ICF/MR)
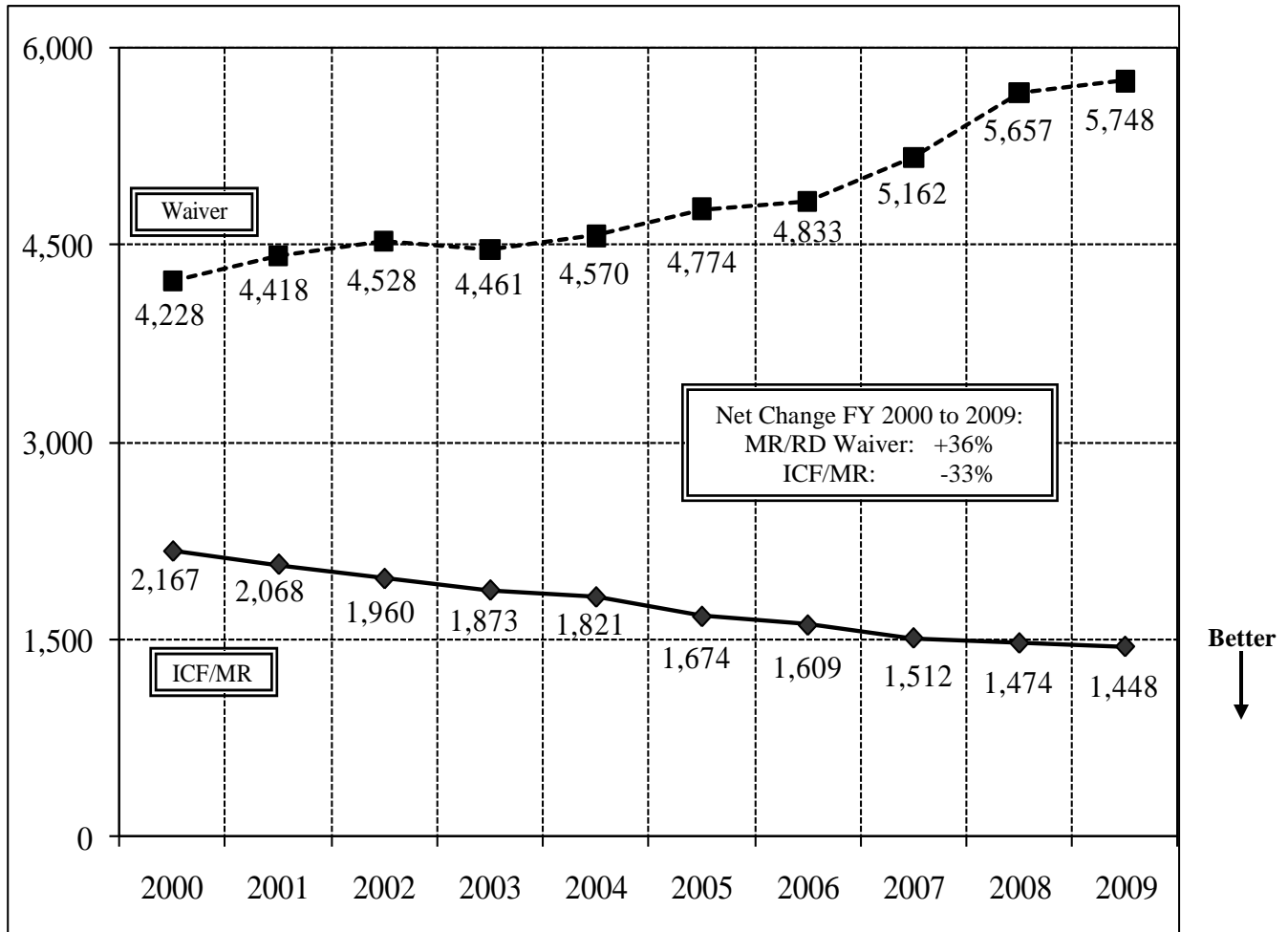
DDSN provides services to consumers based on their choice for those services and at the same time providing these services in the most cost efficient manner. The demand for ICF/MR services has decreased by 33% since 2000, while the demand for waiver services has increased by 36%.

The mental retardation and related disabilities (MR/RD) Medicaid waiver is a less expensive alternative to Medicaid's intermediate care facilities for people with mental retardation (ICF/MR). The waiver allows consumers and families to receive Medicaid funded services in the community in the least restrictive environment.

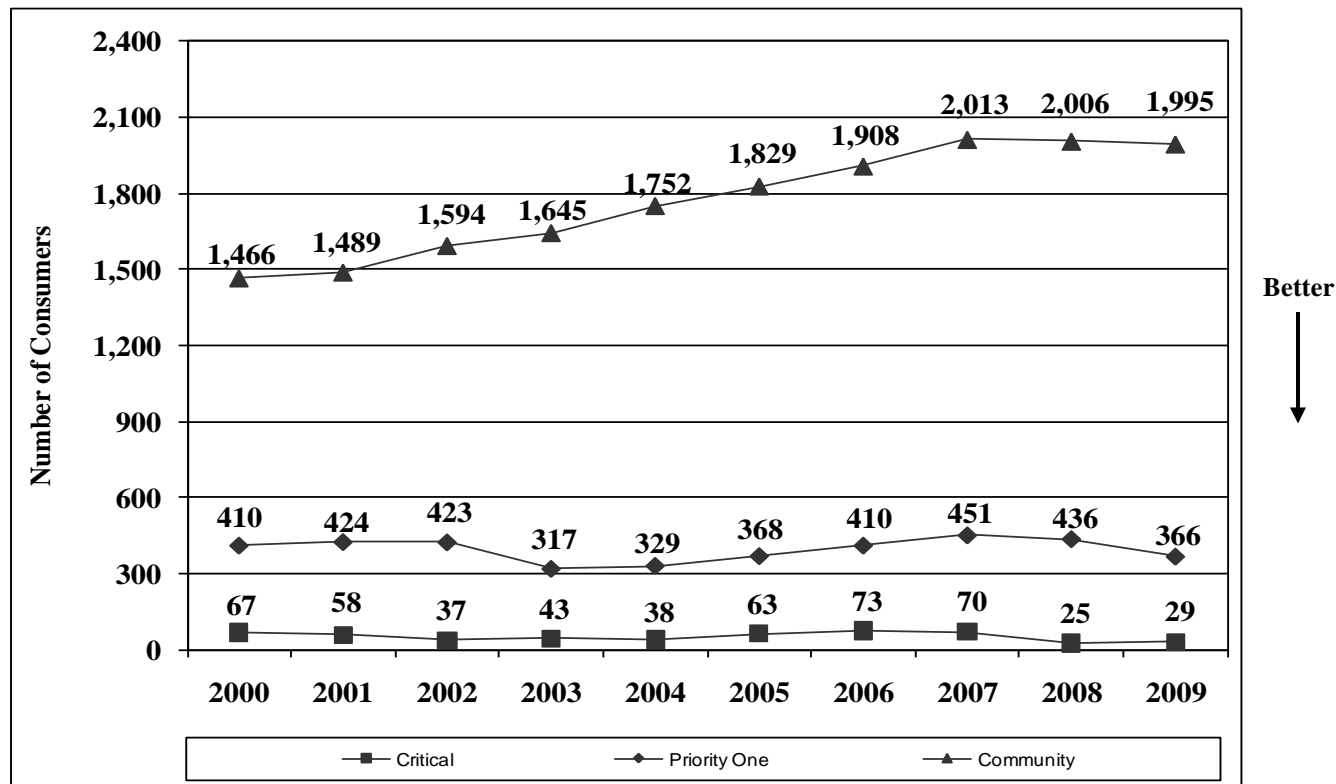**Data Source:**
   Agency data provided by DDSN

Figure 7.1-7

Section I:
Major Achievements
Key Strategic Goals

Section III:
Category 1 – Leadership
Category 6 – Process Management

South Carolina Department of Disabilities and Special Needs
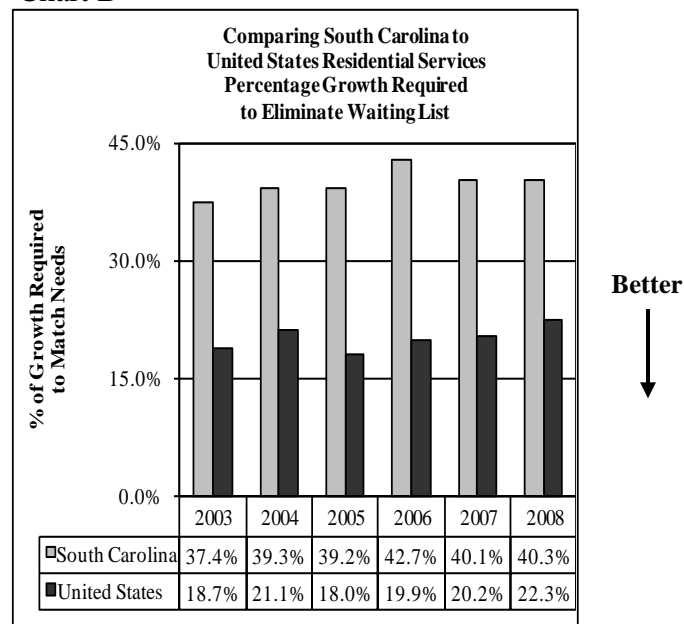## Community Residential Waiting List

Chart A

Chart B

DDSN has less than 2,000 consumers living at home waiting for community residential services which is a 36% increase since fiscal year 2000, even with removing over 3,973 from the list. When demand outpaces funds available, DDSN must prioritize services to those persons with lifelong disabilities who have the greatest need. For example, those living in critical circumstances, those living with aging caregivers, and those for whom supports in the family's home are no longer adequately addressing the consumers needs. South Carolina's waiting list continues to be much greater in size than the national average.

The Governor and the General Assembly recognize the need and appropriated funds for additional beds in fiscal years 2006 and 2007 which has leveled the growth in the waiting list.

Comparing South Carolina to United States Residential Services Percentage Growth Required to Eliminate Waiting List

|	2003	2004	2005	2006	2007	2008
South Carolina	37.4%	39.3%	39.2%	42.7%	40.1%	40.3%
United States	18.7%	21.1%	18.0%	19.9%	20.2%	22.3%

Data Source:
Chart A - Agency data provided by DDSN
Chart B - Residential Services for Persons with Development Disabilities: Status and Trend through 2003, 2004, 2005, 2006, 2007, and 2008 (preliminary data) published by The University of Minnesota

Figure 7.1-8
Figure 7.2-3

Section I:
Major Achievements

South Carolina Department of Disabilities and Special Needs
Consumers with Mental Retardation/Related Disabilities (MR/RD)
Living with Caregivers Age 72 or Older


Net Change 2002 to 2009: +43%	
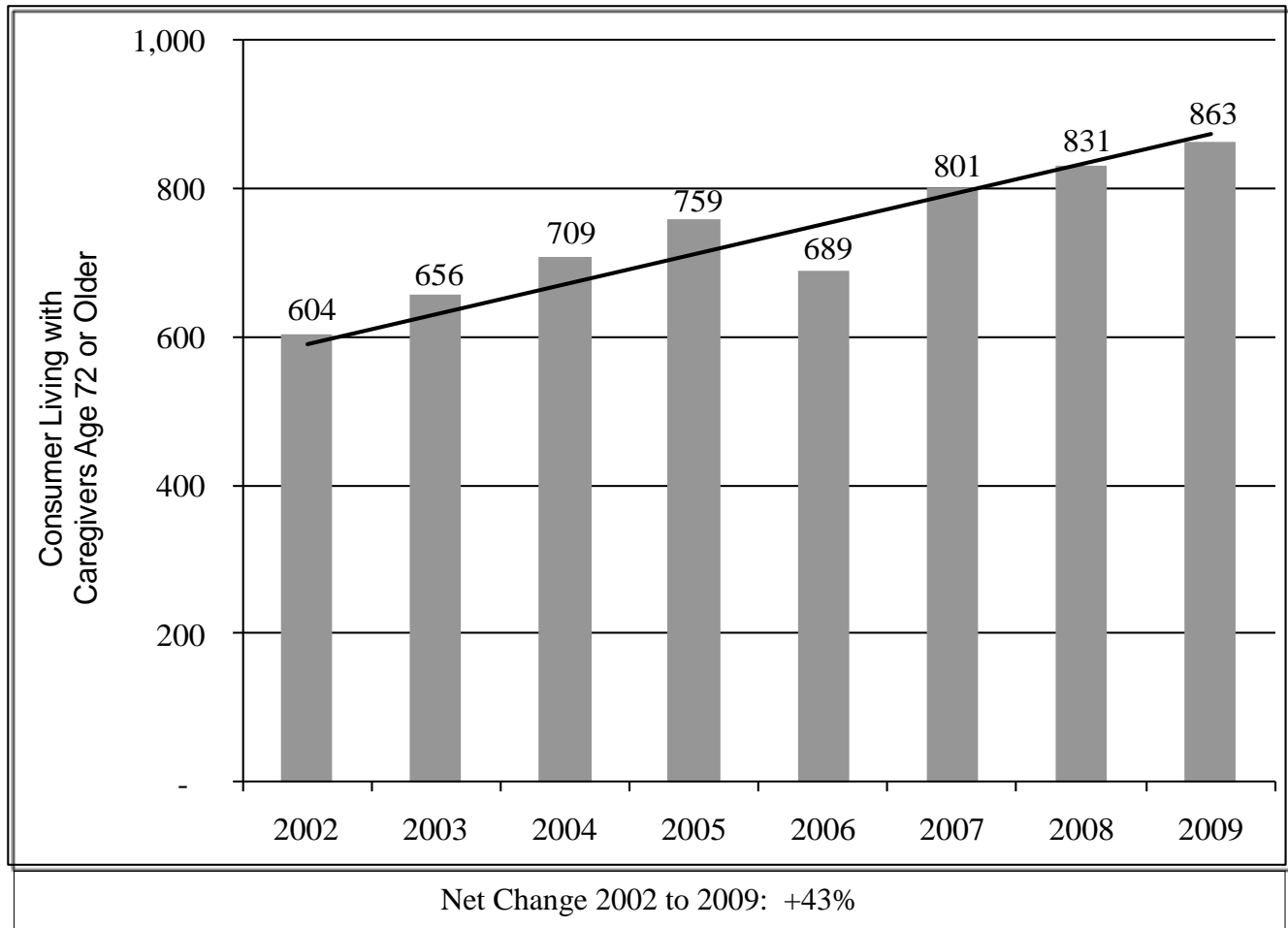
The number of consumers living with caregivers 72 years of age or older has increased 43% since 2002. The Governor and the General Assembly allocated new funding for fiscal years 2006 and 2007 to provide additional residential services to consumers. At any time, care for consumers by older caregivers could become jeopardized as the caregiver's health deteriorates, dies or is no longer able to take on this responsibility.

Data Source:
  Agency data provided by DDSN

Figure 7.1-9

**South Carolina Department of Disabilities and Special Needs
Day Services Waiting List**

Net Change 2000 to 2009: +30%
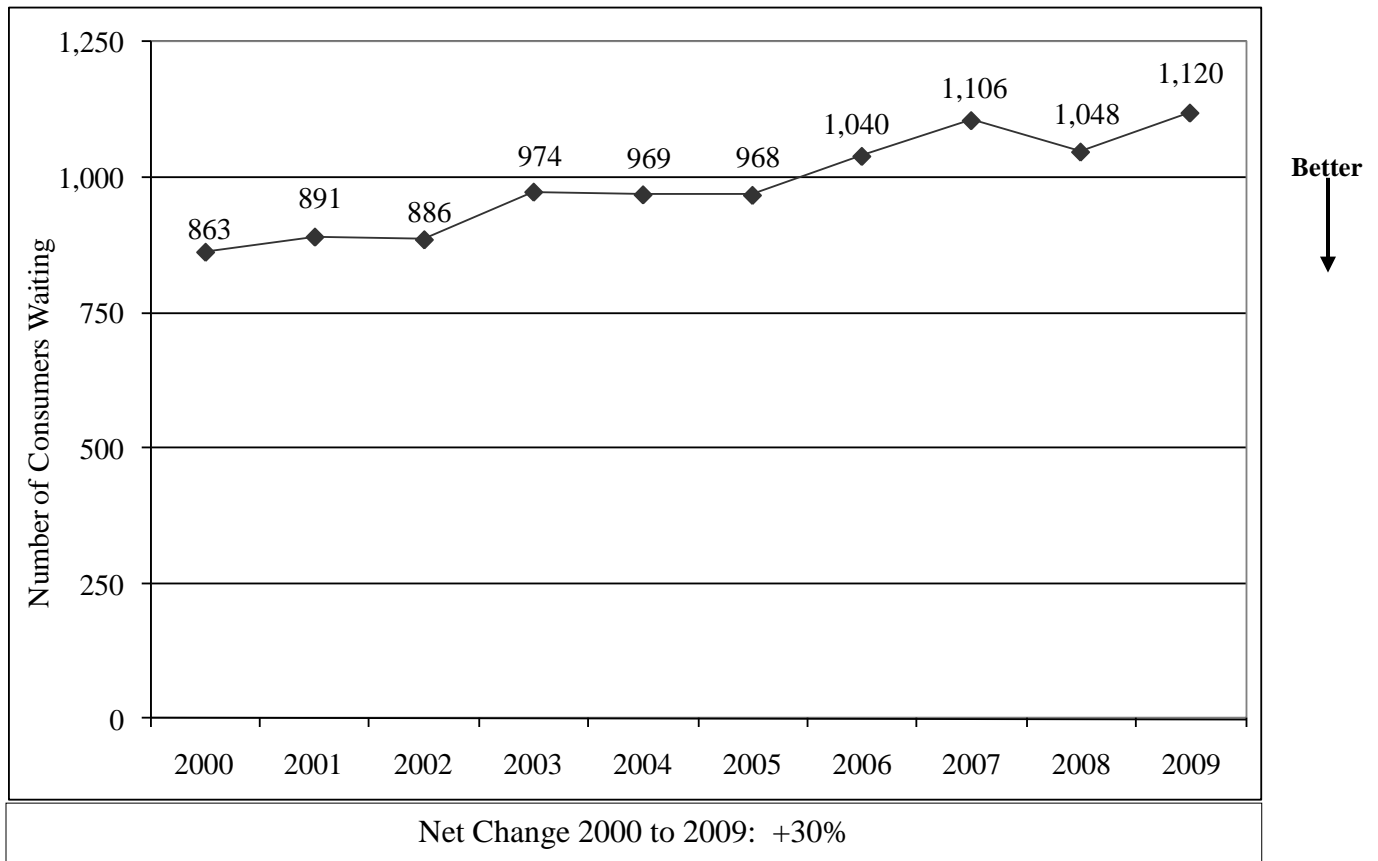
There are 1,120 consumers who live at home and are awaiting day support services. The waiting list for day services has increased 30% since 2000 even though over 11,645 people have been removed since 1999. More people get added to the waiting list than the agency's resources to provide day services to them. These habilitative and job-related services are important for the consumers, allow family members to remain employed and prevent the need for more expensive out-of-home placement.

Data Source:
  Agency Data provided by DDSN

South Carolina Department of Disabilities and Special Needs
Service Evaluation/Needs Assessment Survey Report
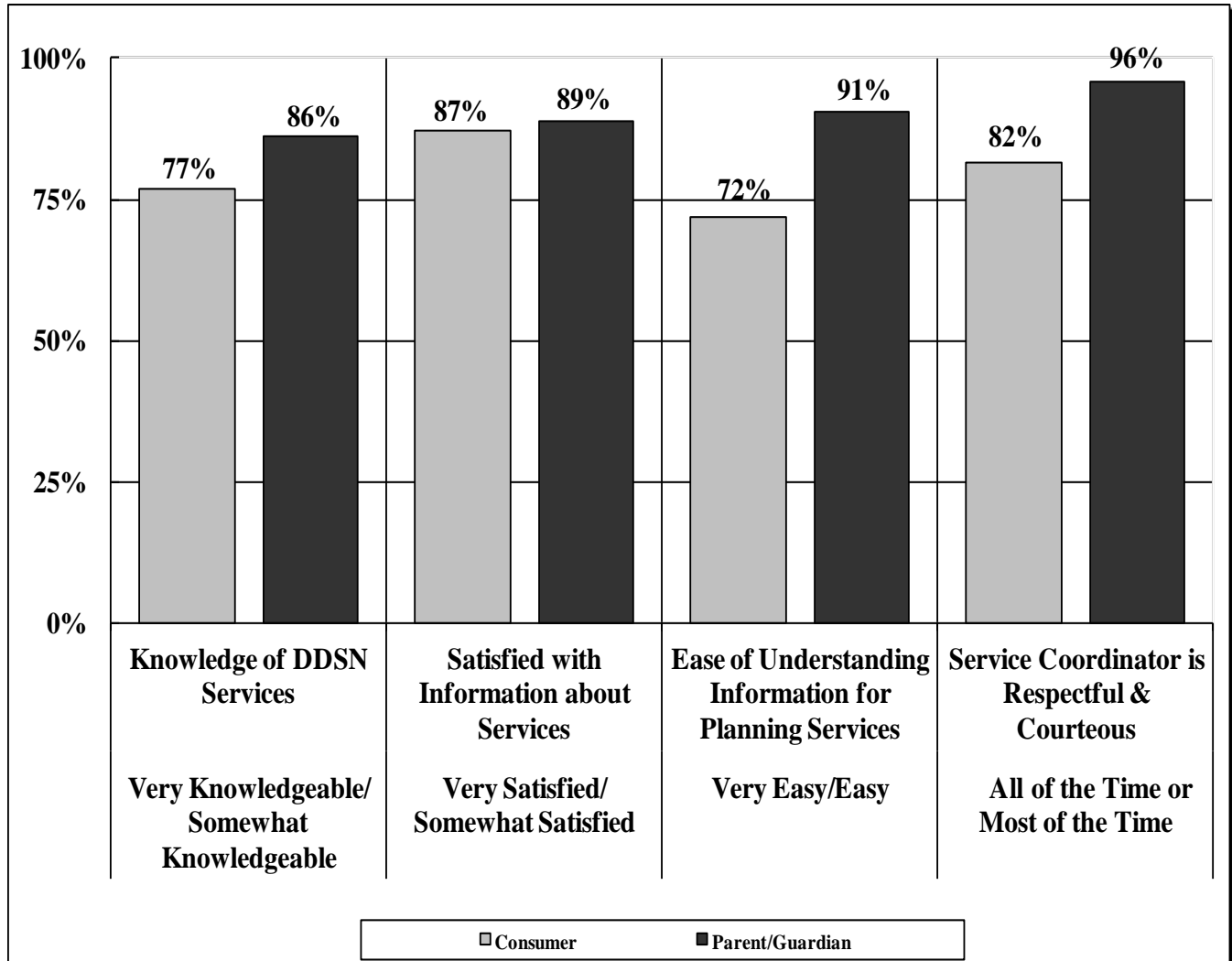
DDSN uses a variety of methods to obtain feedback from consumers and their families regarding their experiences with DDSN services. One method is to use independent evaluators to conduct telephone interviews using scientifically designed surveys, thus assuring valid and reliable results. Findings from the survey are used to improve customer satisfaction by designing and implementing specific strategies and interventions. For example, although most customers and their families report they are knowledgeable of DDSN services, DDSN continues to develop new materials and methods of communication (i.e. new webpage design and information) to increase this rate.
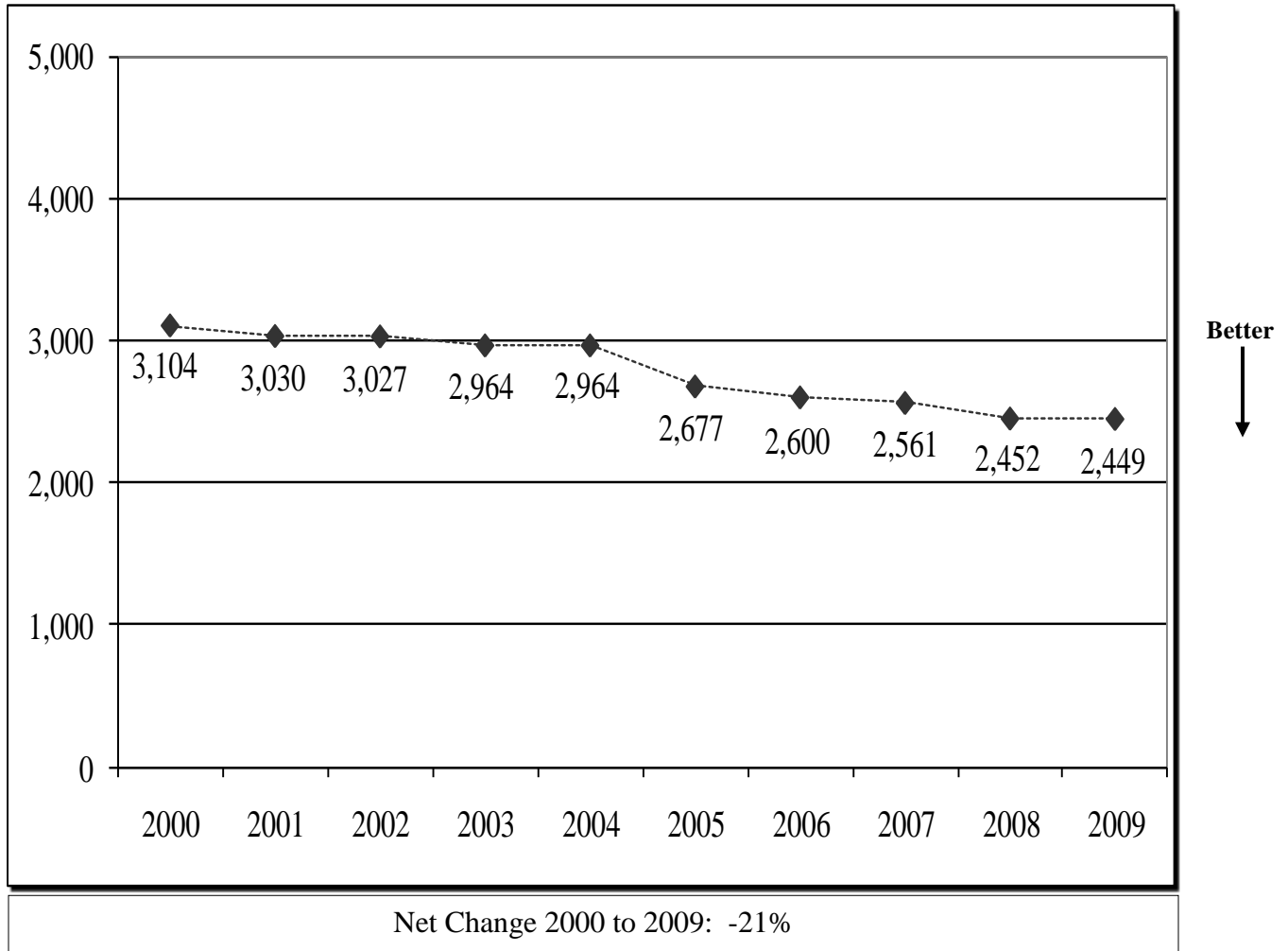
Figure 7.1-11
Figure 7.3-2

South Carolina Department of Disabilities and Special Needs
FTE's (Full-time Equivalents)

Net Change 2000 to 2009: -21%

From 2000 to 2009, over 600 FTEs were eliminated. The purpose was to assist the agency in aligning its human resources needs with the operational needs now and in the future.

NOTE: DDSN was the first agency given authority to develop and offer employees a Voluntary Separation Program (VSP) with a special separation benefit package. The fiscal year 1998 and fiscal year 1999 Appropriations Acts included a DDSN requested proviso for retargeting resources/FTE reduction giving DDSN the authority to develop a plan to retarget resources, realign its workforce, and continue to provide services in the most appropriate settings.

NOTE: The Budget and Control Board exempted agencies from the over 12 months old FTE deletion process during fiscal year 2008-2009. 56 positions were exempt from deletion.
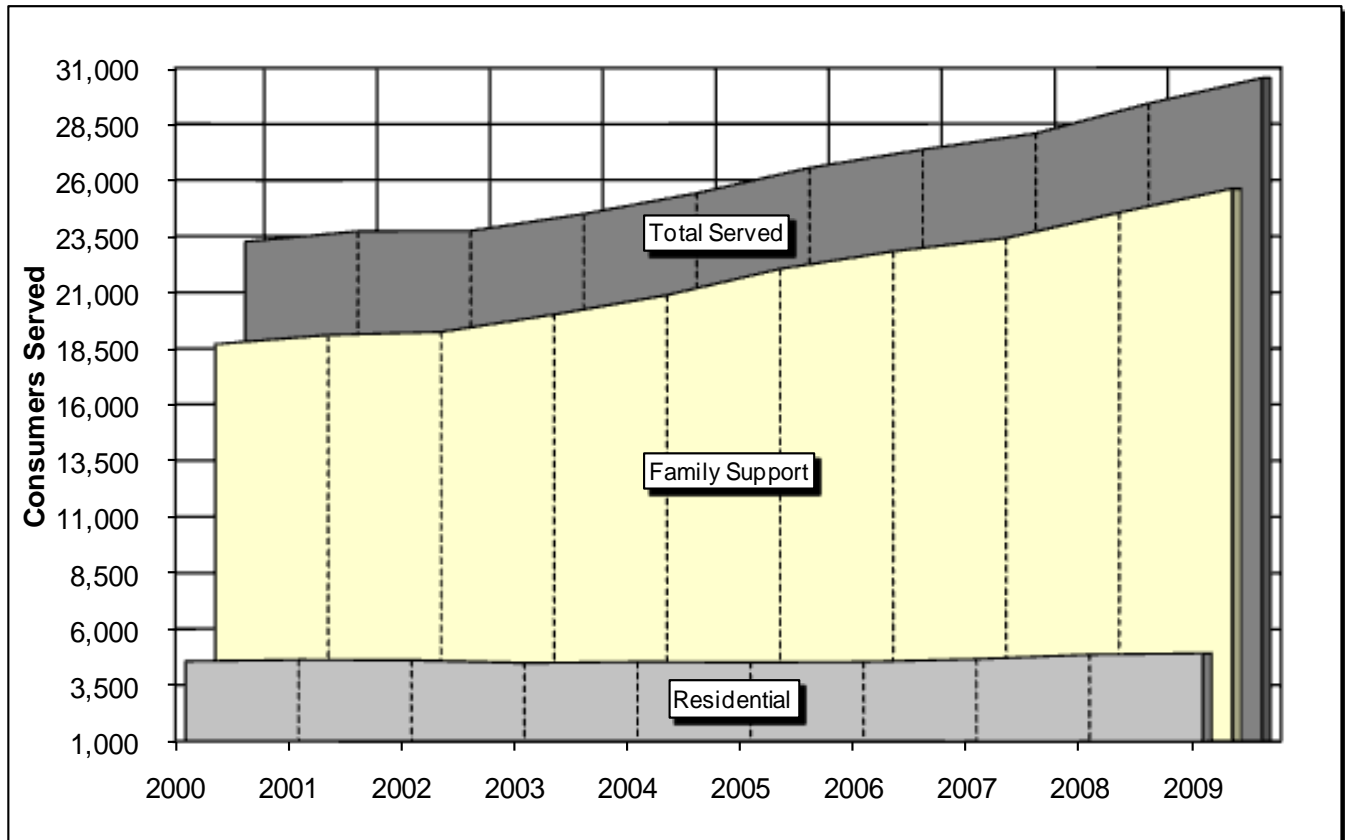
Data Source:
  Agency data provided by the Office of Human Resources and the Budget and Control Board

Figure 7.2-5
Figure 7.5-2

South Carolina Department of Disabilities and Special Needs
Summary of Agency Services

Net Change FY 2000 to 2009:	
Total Served:	+31%
Family Support:	+37%
Residential:	+ 8%

DDSN policies reflect federal and state laws by supporting people in the least restrictive setting possible. In the ten year period shown, there has been a 37% growth in the use of family support services compared to only 8% growth in residential services.

Of the approximately 30,500 persons served by DDSN, 83% live with family caregivers, compared to only 61% nationally. DDSN is doing a better job of helping individuals live in a family setting.
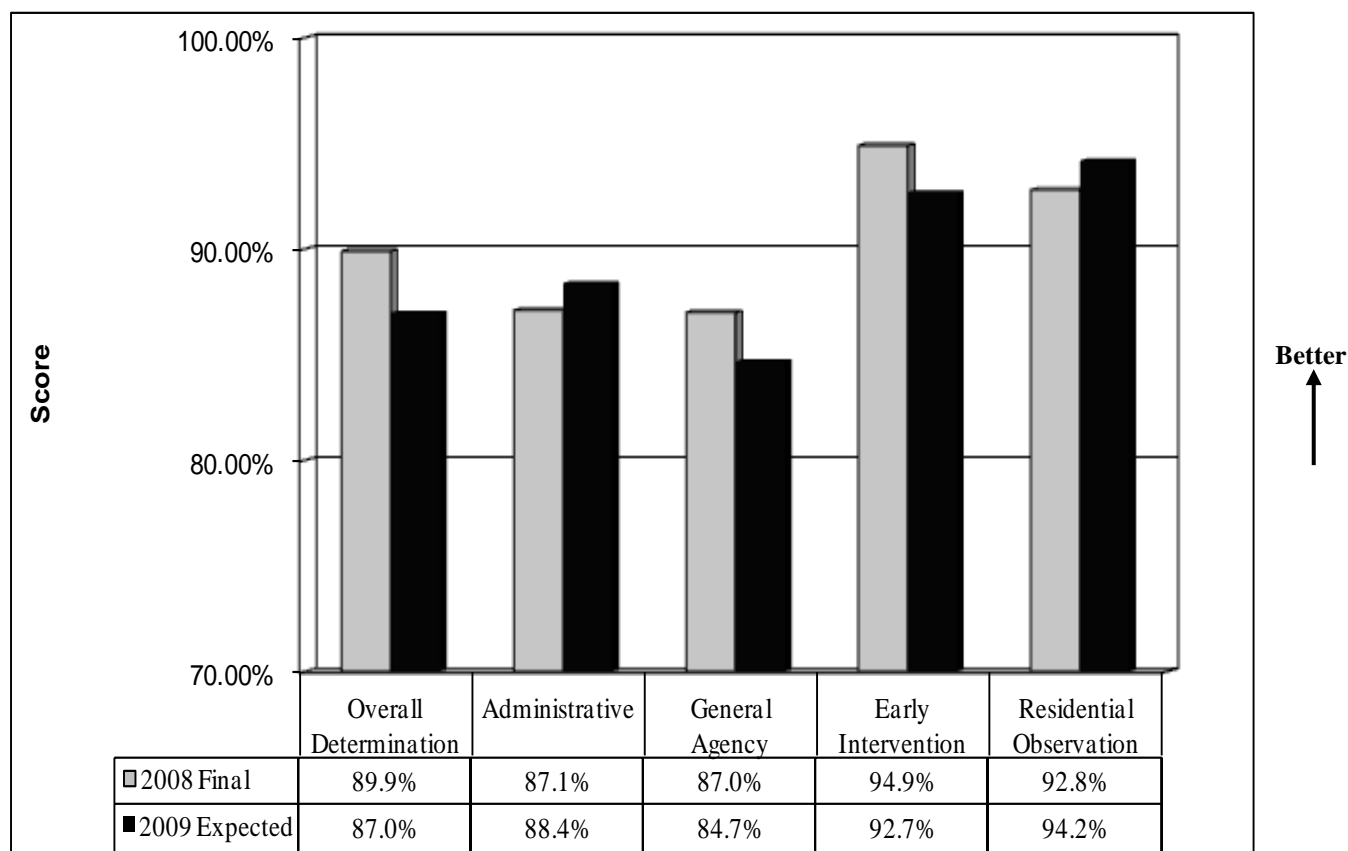
Data Source:
  Agency data provided by DDSN
  National data provided by The State of the States in Developmental Disabilities: 2009 (preliminary data) published by
  The University of Colorado

Figure 7.2-6
Figure 7.5-3

Section I:
Major Achievement
Section II:
Performance Improvement Systems
Section III:
Category 3 – Customer & Market Focus
Category 4 – Measurement, Analysis, &
Knowledge Management
Category 6 – Process Management

South Carolina Department of Disabilities and Special Needs
Annual Medicaid Performance Rating on
Compliance and Service Effectiveness

|	Overall Determination	Administrative	General Agency	Early Intervention	Residential Observation
2008 Final	89.9%	87.1%	87.0%	94.9%	92.8%
2009 Expected	87.0%	88.4%	84.7%	92.7%	94.2%

For the eighth consecutive year, DDSN had contracted with a nationally recognized CMS-Certified Quality Improvement Organization to conduct a sophisticated annual quality assurance review of DDSN service providers using random sampling to ensure reliability and validity of results. Areas such as health, safety, rights, compliance with Medicaid contracts, choice, service planning, and fiscal management are reviewed. The four (4) major domains of review are **Administrative**, including fiscal, governing body, critical reporting system and other management indicators; **General Agency**, including a broad range of direct service indicators such as services provided are meeting clients' needs; **Early Intervention**, including measures that evaluate the effectiveness of services to children from birth to age six, and **Residential Observation**, which evaluates the support provided to consumers in their homes during unannounced visits. Reports reflect that service providers meet or exceed compliance requirements in all domains.

Data Source:
 Delmarva Foundation., "Report of Findings, Annual Aggregate Data"

Figure 7.2-7

| Section I: |
| Key Strategic Goals |

South Carolina Department of Disabilities and Special Needs
DDSN Consumers Served By
Other State Agencies
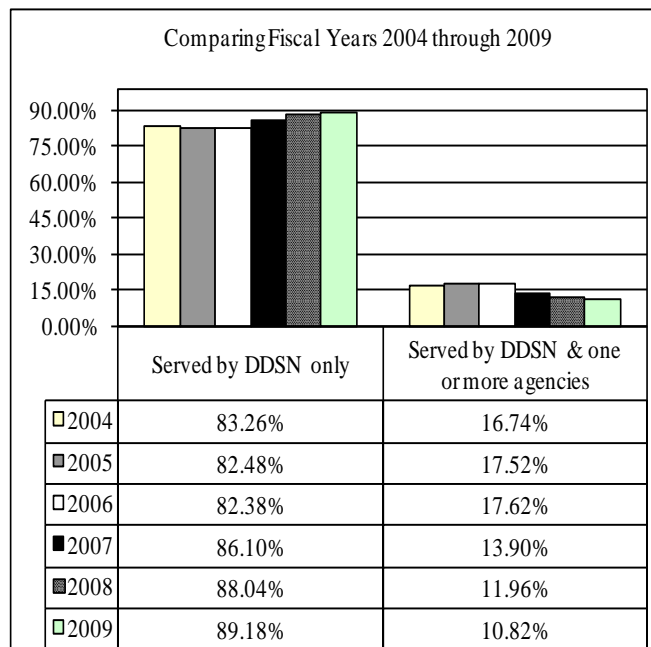**For Fiscal Year 2009**

Chart A

Chart B
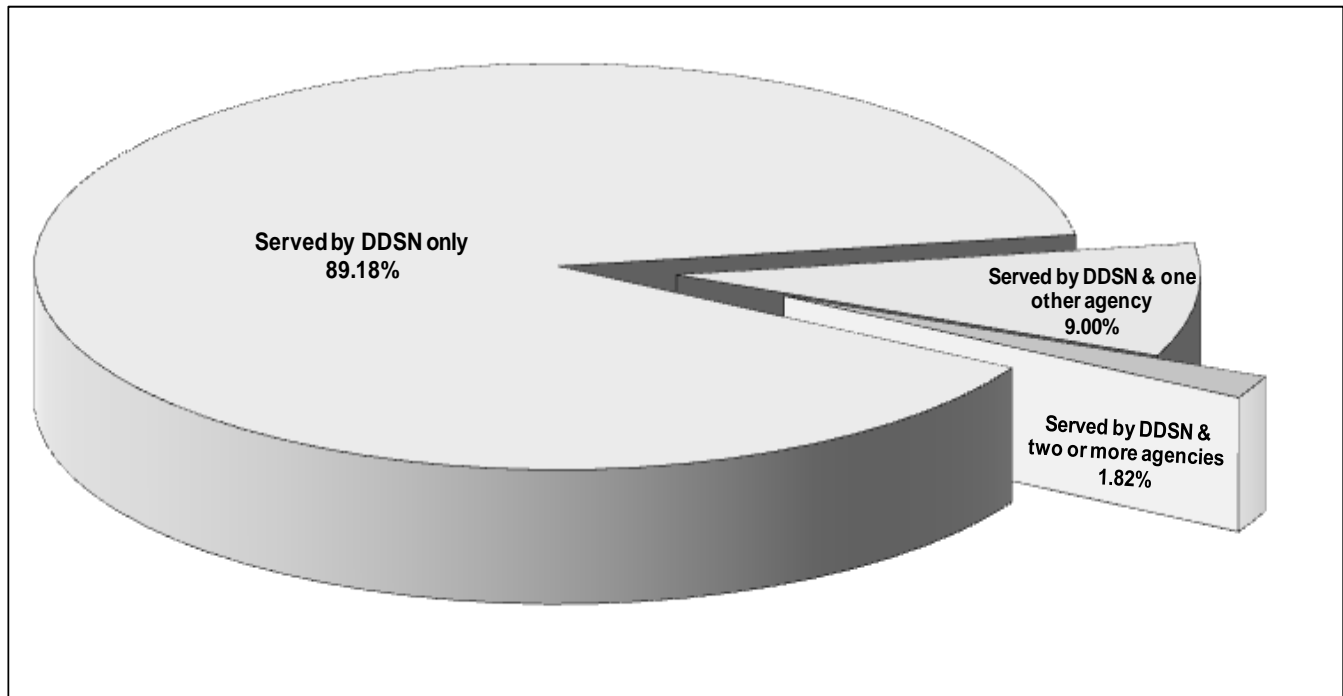
Most individuals served by DDSN do not receive services from other state agencies. When they do they complement not duplicate other agencies' services. For example, DDSN is the largest provider of DHEC's BabyNet program serving nearly 4,015 infants and toddlers annually. DHEC's Children's Rehabilitative Services and DHHS's Community Long Term Care round out the top three. This excludes services received by individuals under the State Medicaid Plan. DDSN's support focuses on those needs to address the individual's specific disability.

DDSN continues to track other agencies' involvement to ensure collaboration and efficient use of services.

Comparing Fiscal Years 2004 through 2009

|	Served by DDSN only	Served by DDSN & one or more agencies
2004	83.26%	16.74%
2005	82.48%	17.52%
2006	82.38%	17.62%
2007	86.10%	13.90%
2008	88.04%	11.96%
2009	89.18%	10.82%

Data Source:
  Agency data provided by DDSN

Figure 7.2-8

Figure 7.6-1

South Carolina Department of Disabilities and Special Needs
Rate of Consumers with Developmental Disabilities
Placed in a Nursing Facility per 100,000 Population
South Carolina compared with the United States

|	2004	2005	2006	2007	2008
☐ South Carolina	3.9	5.2	5.5	5.2	3.7
■ United States	11.2	10.1	11.1	8.6	6.9
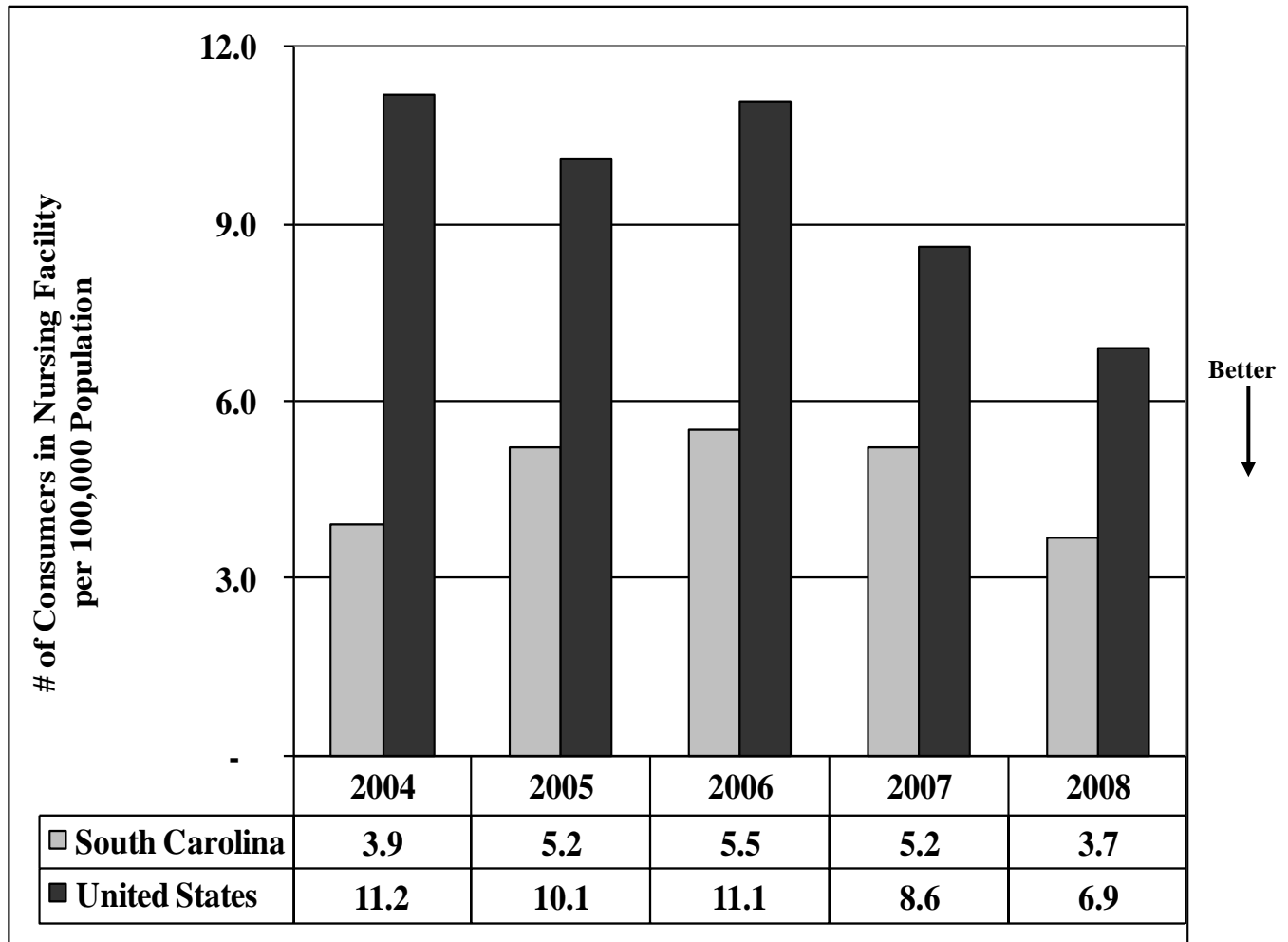
DDSN's rate of consumers with developmental disabilities placed in nursing homes has been much lower than the United States rate for the past several years. In South Carolina, just 3.7 individuals with developmental disabilities per 100,000 of the general population are served in traditional nursing facilities. This represents DDSN's effort to respond to consumer demand for other service alternatives and to ensure that individuals with developmental disabilities requiring specialized residential services are most appropriately placed. As with the general United States population, people with lifelong disabilities are living longer. The majority of both groups prefer to receive services in their own homes and communities.

Data Source:
  Residential Services for Persons with Development Disabilities: Status and Trends through 2004, 2005, 2006, 2007 and 2008 (preliminary data) published by The University of Minnesota

Figure 7.2-9

Section III:
Category 1 – Leadership
Category 6 – Process Management

South Carolina Department of Disabilities and Special Needs
Administration Expenses as a Percentage of Total Expenses
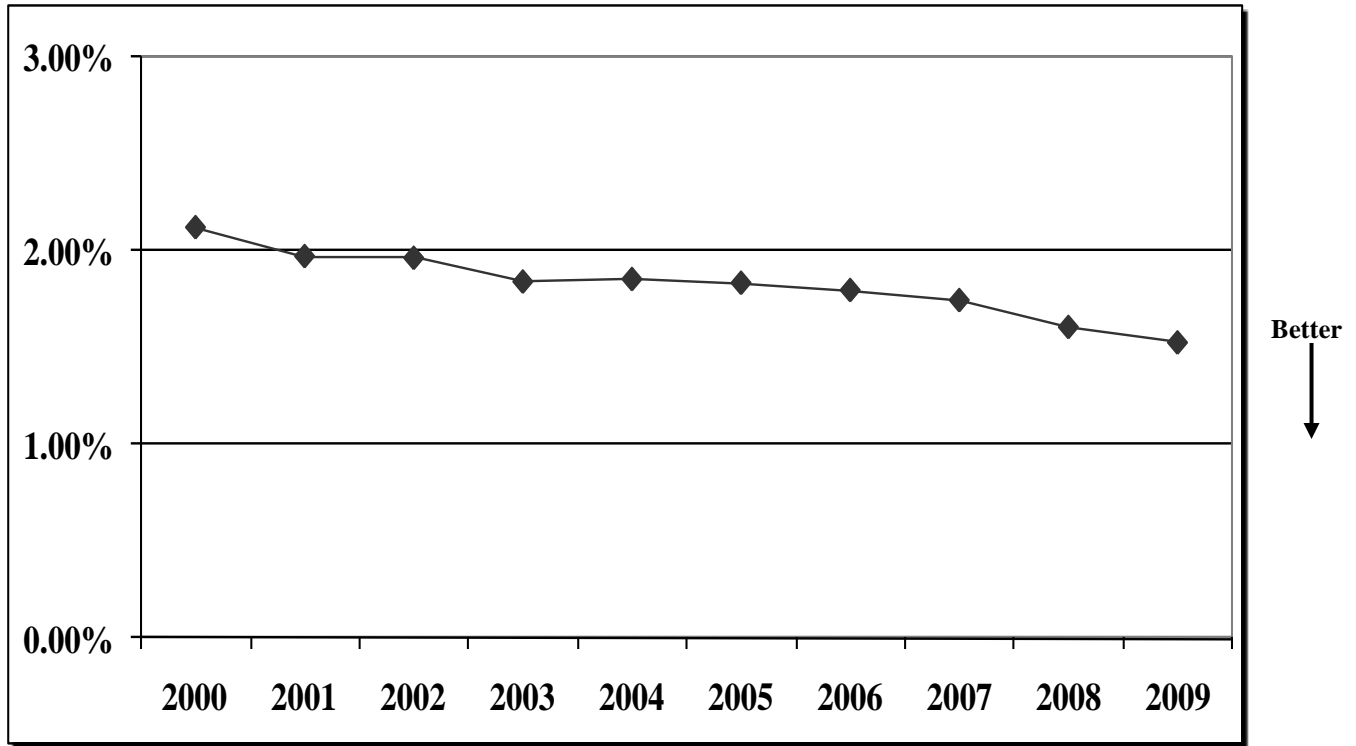
DDSN has aggressively shifted resources over the past few years in order to meet the priorities of the agency without additional funding. During the last ten years, DDSN's administration FTE's were reduced by 22% through retargeting resources/FTE reduction provisos, attrition, and reductions in force. Central Office administrative expenses have decreased to less than 2% of total expenses even though there has been an increase in the need for services, the number of people served, and an increased scope of services. Administrative savings were redirected to state reductions and in-home family support and residential services thereby reducing the need for additional state dollars.
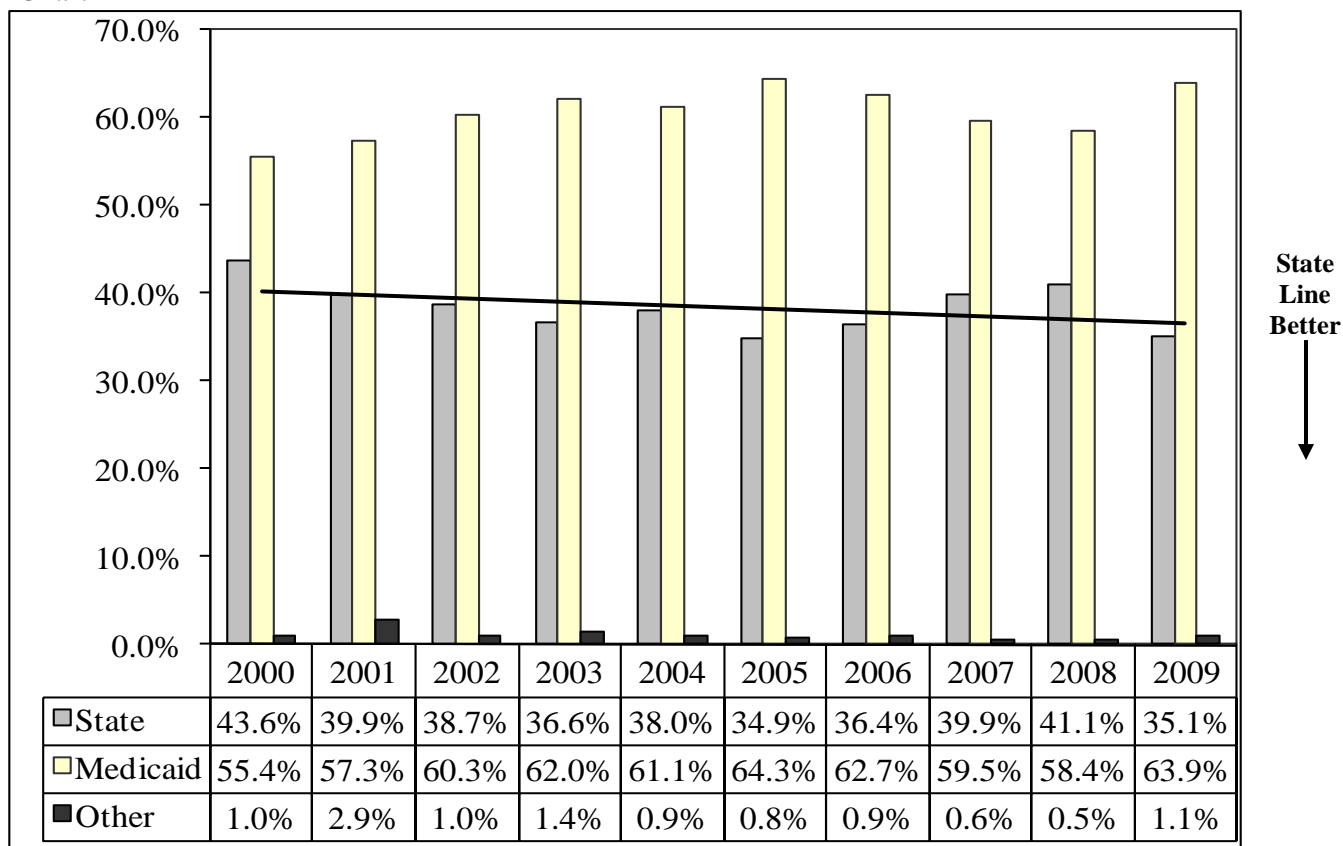
Data Source:
   Agency data provided by DDSN
Figure 7.3-3

Section I:
Key Strategic Goals
Section III:
Category 1 - Leadership

South Carolina Department of Disabilities and Special Needs
Maximizing the Use of Limited State Dollars

Chart A

State Line Better ↓

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
▨ State	43.6%	39.9%	38.7%	36.6%	38.0%	34.9%	36.4%	39.9%	41.1%	35.1%
▢ Medicaid	55.4%	57.3%	60.3%	62.0%	61.1%	64.3%	62.7%	59.5%	58.4%	63.9%
■ Other	1.0%	2.9%	1.0%	1.4%	0.9%	0.8%	0.9%	0.6%	0.5%	1.1%

Chart B

DDSN used Medicaid financing to pay for 58% of service costs compared to a 51% national average for fiscal year 2008. During the period from 2000-2009, DDSN reduced its use of state funds by 20%.

44% of the cost of services was funded with state dollars in fiscal year 2000 but by fiscal year 2009, that percentage dropped to 35% with Medicaid financing 64% of the total cost.

Comparing South Carolina with United States Revenue Sources For Fiscal Year 2008

State Line Better ↓

	South Carolina	United States
▨ State	41.1%	45.0%
▢ Medicaid	58.4%	51.4%
■ Other	0.5%	3.6%

Data Source:
   Chart A & B - Agency data provided by DDSN

   Chart B - United States data provided by
   The State of the States in Developmental Disabilities:
   2009 (preliminary data) published by The University of
   Colorado

]

Department of Disabilities & Special Needs –
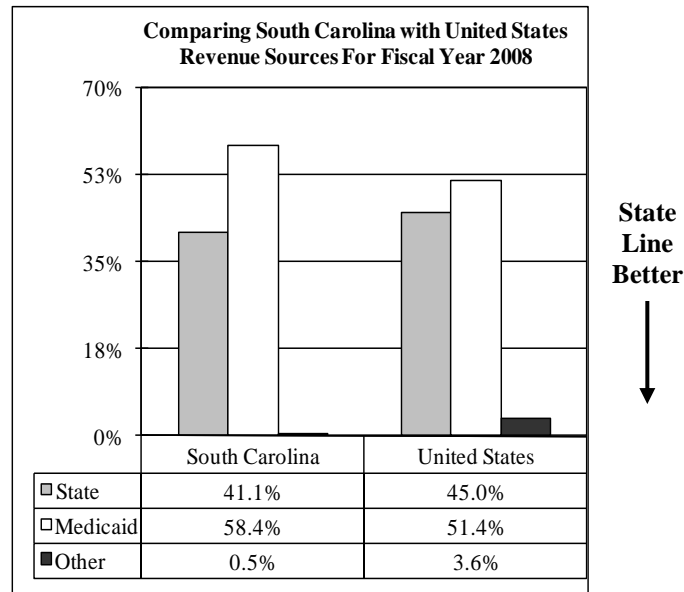
Section II:
Main Services

Section III:
Category 2 – Strategic Planning
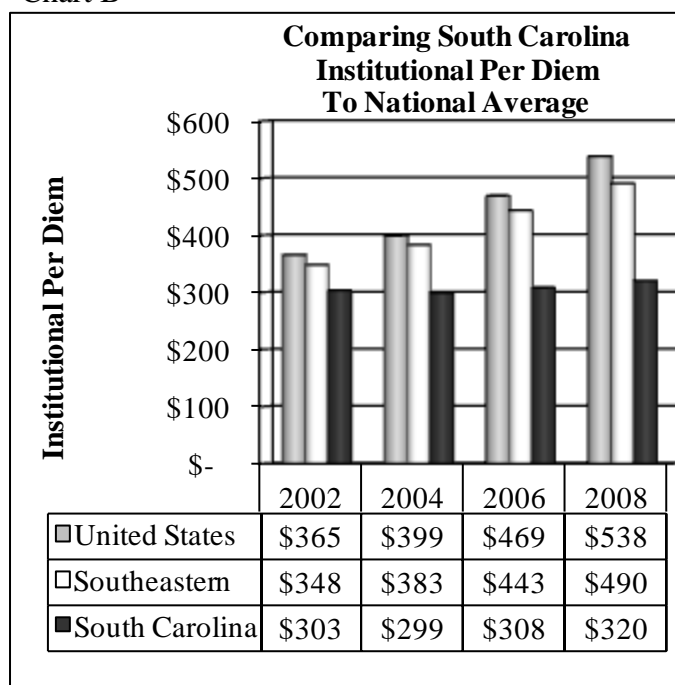Category 4 – Measurement, Analysis, &

South Carolina Department of Disabilities and Special Needs
Average Cost per Day for Residential Services
Institutional versus Community Residential

Chart A

	2002	2004	2006	2008
▣ Institutional	$303	$299	$308	$320
▢ Community	$118	$123	$133	$138
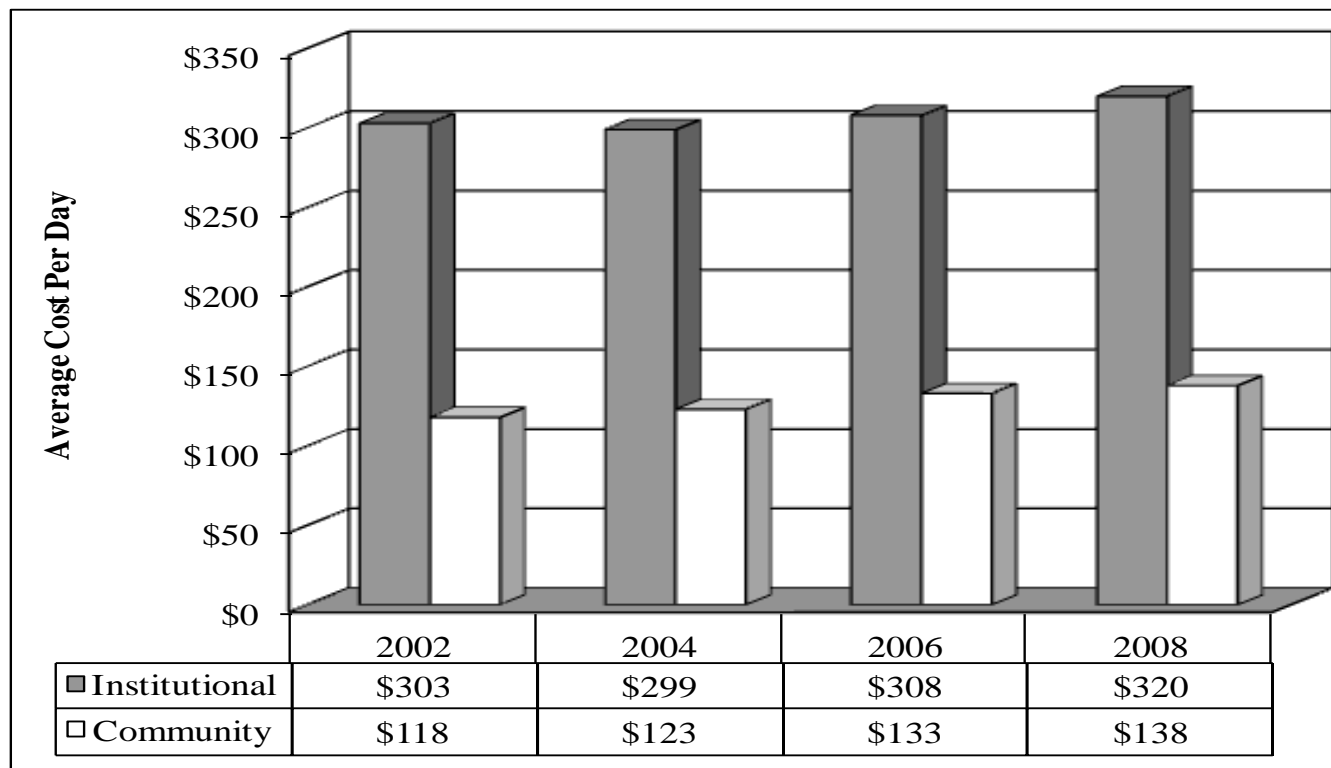
Chart B

DDSN provides residential services in a very cost efficient manner as shown in Chart A. DDSN's community residential services continue to be less than one half of the institutional (regional center) daily cost. South Carolina's institutional per diem is far less than the United States or even the Southeastern average. DDSN's residential rate is 68% less than the national rate.

Comparing South Carolina Institutional Per Diem To National Average

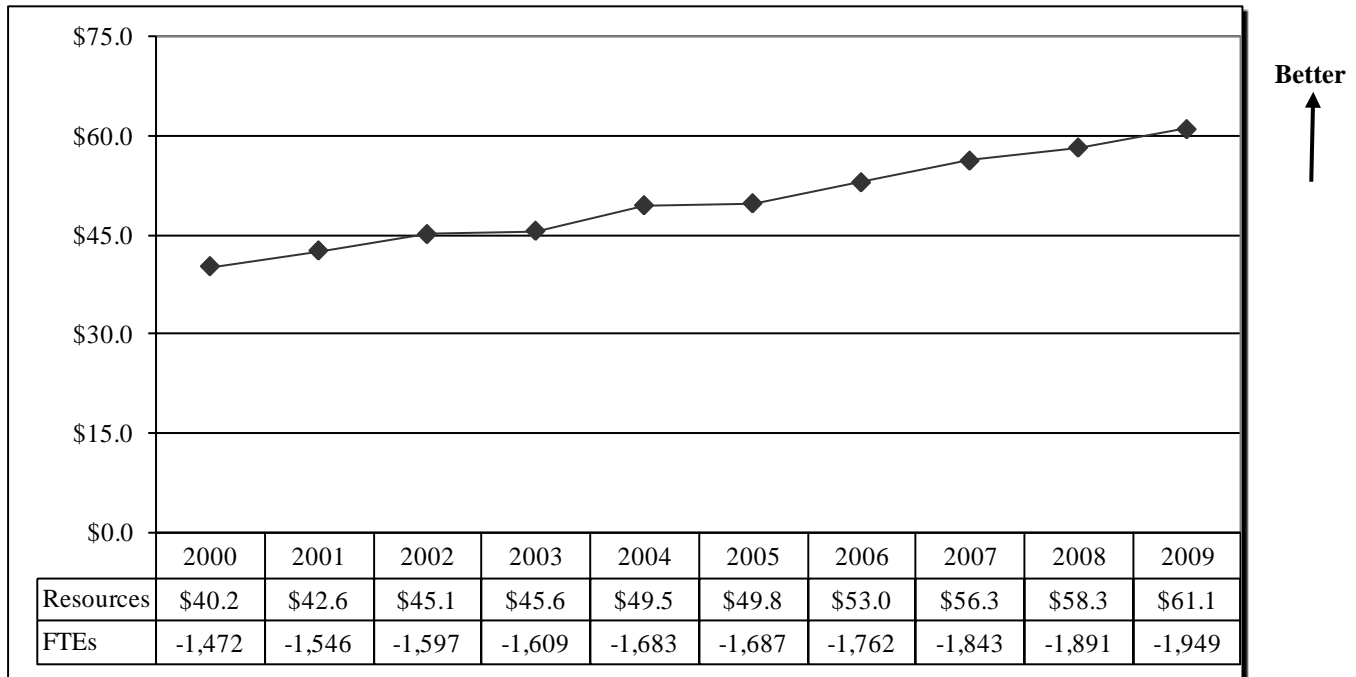|	2002	2004	2006	2008
▢ United States	$365	$399	$469	$538
▢ Southeastern	$348	$383	$443	$490
■ South Carolina	$303	$299	$308	$320

Data Source:
Chart A- <u>Community data provided by DDSN</u>

Chart B - <u>The State of the States in Developmental Disabilities: 2006 and 2008 (preliminary data)</u> published by The University of Colorado

Section I:
Key Strategic Goals

Section III:
Category 6 – Process Management

South Carolina Department of Disabilities and Special Needs
Agency Resources Redirected to Community Services
Cumulative Totals from Fiscal Year 2000 to 2009

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Resources	$40.2	$42.6	$45.1	$45.6	$49.5	$49.8	$53.0	$56.3	$58.3	$61.1
FTEs	-1,472	-1,546	-1,597	-1,609	-1,683	-1,687	-1,762	-1,843	-1,891	-1,949

Better

Cumulative Effect 1994 to 2009

Resources: $61,131,970

FTEs: -1,949

Note: Figure displays 10 most recent years due to space limitation.

In fiscal year 2009 over $2,800,000 was redirected to local community services. Since implementing the "money follows the individual" (MFI) formula in fiscal year 1992, more than $61,000,000 has been redirected to local community services along with the individuals who moved from regional centers. These 1,064 individuals moved to smaller group home residential settings, usually located closer to the individual's home community. Another result is the reduction of 1,949 DDSN permanent workforce positions (FTEs).
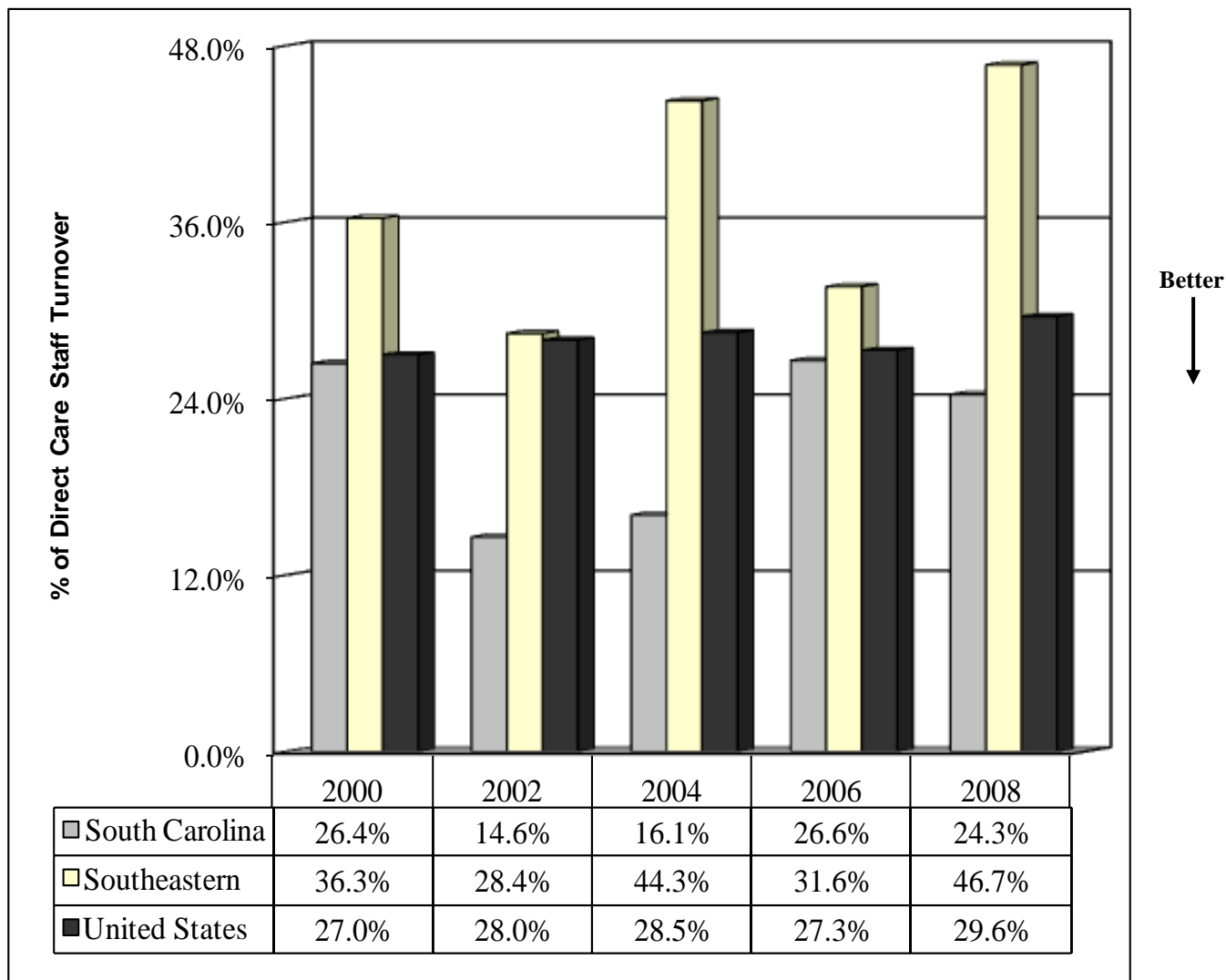
While South Carolina has a fifteen year history of utilizing the MFI formula, only recently has this become a national effort. Therefore, national data is not comparable at this time. The federal government only recently began giving states grants to help with this effort.

Data Source:
  Agency data provided by DDSN
Figure 7.4-1

Section III
Category 5 – Workforce Focus

South Carolina Department of Disabilities and Special Needs
Institutional Direct Care Staff Turnover Rate
Comparing South Carolina with United States

	2000	2002	2004	2006	2008
☐ South Carolina	26.4%	14.6%	16.1%	26.6%	24.3%
☐ Southeastern	36.3%	28.4%	44.3%	31.6%	46.7%
■ United States	27.0%	28.0%	28.5%	27.3%	29.6%

Y-axis: % of Direct Care Staff Turnover (0.0% to 48.0%)

Better ↓

The direct care staff in the regional centers (institutions) are in many ways a surrogate family to the consumers who live there. Important personal bonds are formed between the direct care staff and the consumers served. Staff have a substantial impact on consumers and therefore when the turnover of the direct care staff can be minimized, the consumer's quality of life is enhanced. The rate of turnover in the direct care workforce in South Carolina's regional centers is lower than the national rate. While the state's rate went up significantly, it is thought that this change reflects the economic improvement experienced in South Carolina during this time. When comparing South Carolina staff turnover rate to states in the Southeastern part of the United States, where economic conditions are more analogous, South Carolina compares even more favorably.
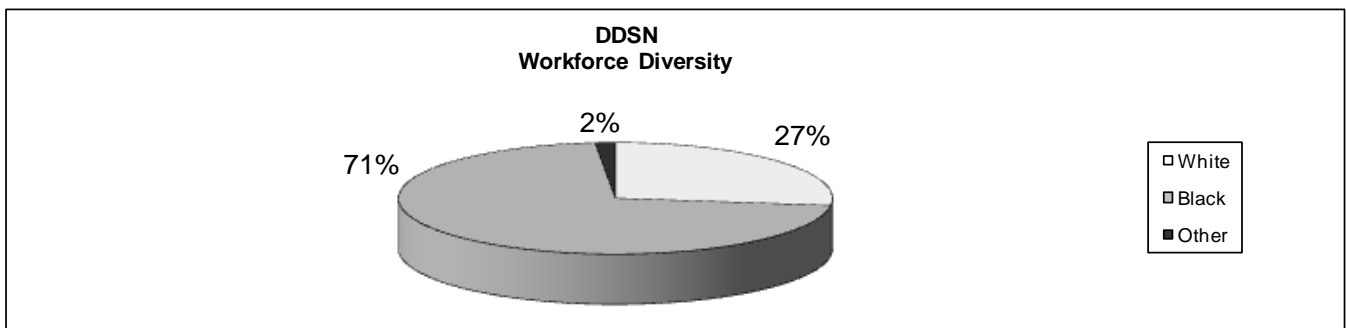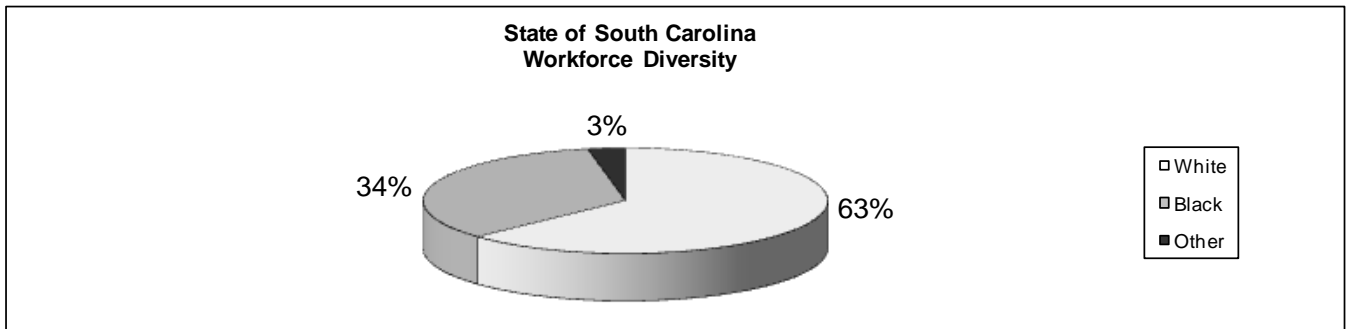
Figure 7.4-2

Section III:
Category 5 – Workforce

South Carolina Department of Disabilities & Special Needs
Work Force Diversity & Composition
Comparing the State of South Carolina with DDSN

**State of South Carolina
Workforce Diversity**

3%

34%

63%

- White
- Black
- Other

**DDSN
Workforce Diversity**

2%   27%

71%

- White
- Black
- Other

This chart reflects workforce diversity and how DDSN compares with the total State employee workforce.

**State of South Carolina
Workforce Composition**

Female   Male

57%   43%

**DDSN
Workforce Composition**

Female   Male   21%

79%
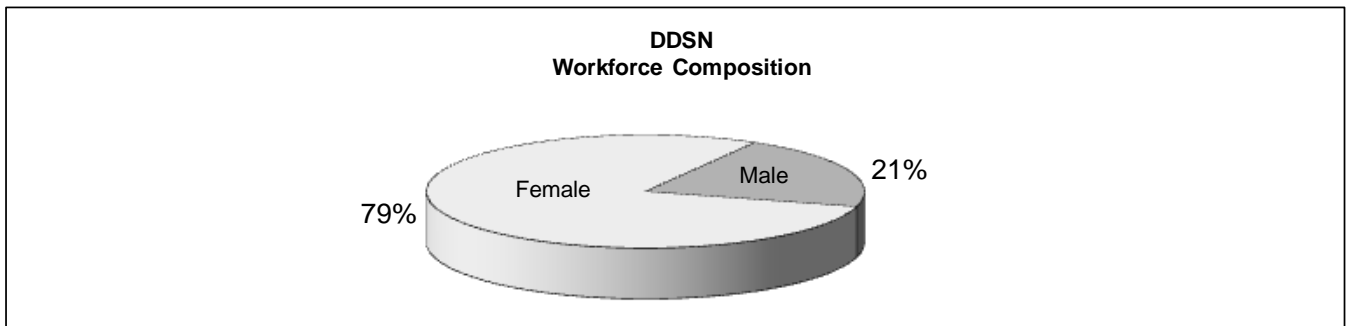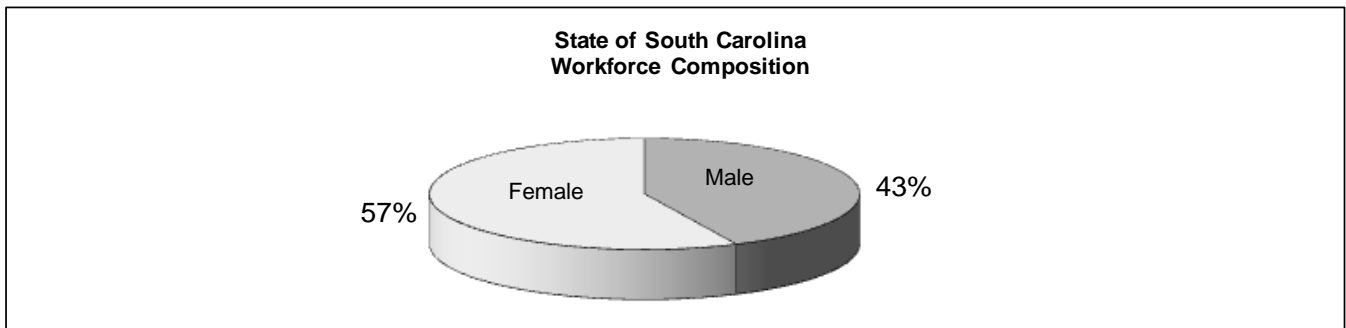
This chart reflects the hiring by gender, and how DDSN compares with the total State employee workforce.

Data Source:
DDSN data provided by DDSN
State of South Carolina data provided by South Carolina State Human Affairs Commission Annual Report 2009